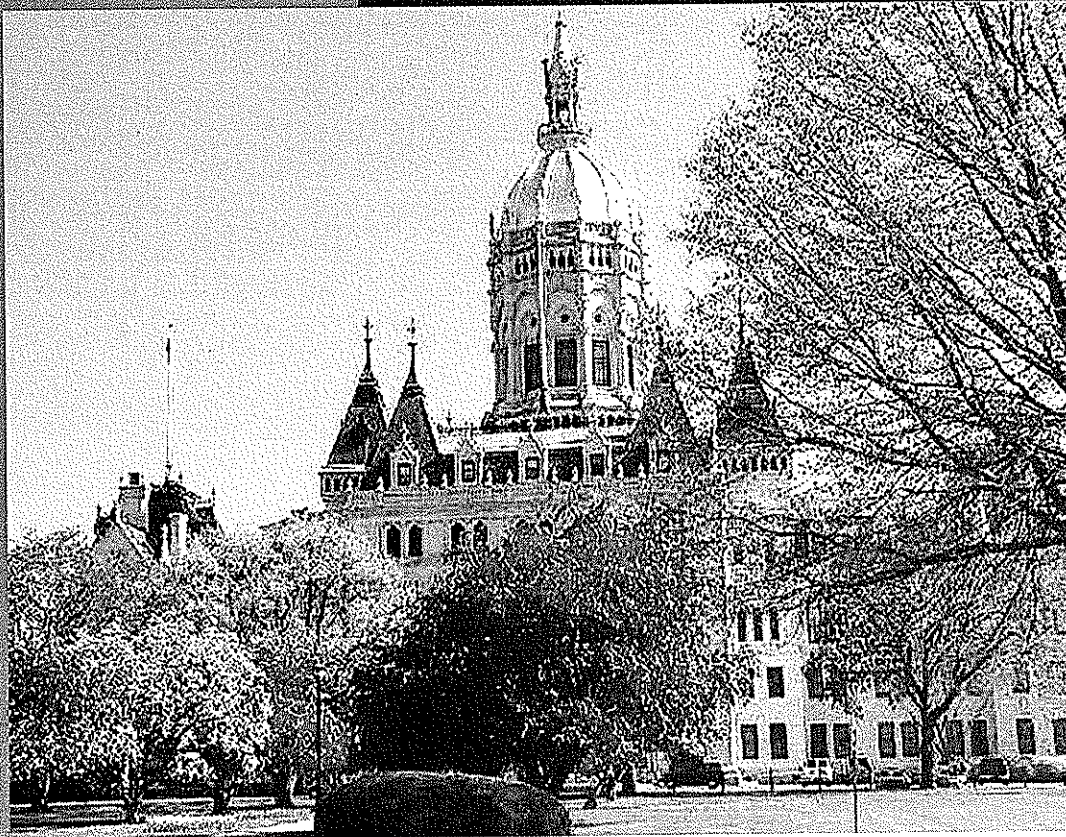


The Social State of Connecticut 2008



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Center for Population Health and Aging

Population Research Institute

Duke University

Durham, NC 27707

To the Governor and the Members of the General Assembly of the State of Connecticut:

We are pleased to submit The Social State of Connecticut 2008.

A joint venture between the General Assembly, the Commission on Children, and the William Caspar Graustein Memorial Fund, this document is designed to be a civic tool that measures how well the citizens of Connecticut are faring. Now in its thirteenth edition, the document is intended to motivate public dialogue and policy discussion.

Since its creation in 1994, The Social State of Connecticut has come to be acknowledged as an accepted source of public information regarding the health of Connecticut's people. Because of the private and public commitment to this document, Connecticut leads the nation in monitoring state-level social conditions.

The heart of The Social State of Connecticut 2008 tracks the state's social performance since 1970. The Connecticut Index of Social Health has shown substantial improvement since the turn of the century and despite periodic declines in 2001 and 2004, the new Index is at its highest level in 37 years. Time will tell whether this trend will continue and it is our hope that this document can be used to highlight those areas where gains have been made, as well as where improvements are needed.

This year's report once again focuses special attention on the involvement of Connecticut children and youths in the justice system. Funded by the Tow Foundation, the special section is designed to track trends in key social indicators reflecting the ways in which young people interact with the law.

We are indebted to a number of people who made this year's report possible: Elaine Zimmerman, Executive Director of the Connecticut Commission on Children; David Nee, Executive Director of the William Caspar Graustein Memorial Fund; and Emily Tow Jackson, Executive Director, and Diane Sierpina, Senior Program Officer, of the Tow Foundation. Finally, we gratefully acknowledge the early efforts of the late Dr. Marc L. Miringoff and Dr. Marque-Luisa Miringoff, in developing The Social State of Connecticut.

Sincerely,

Kenneth C. Land, Ph.D.

Sarah O. Meadows, Ph.D.

Rebecca Casciano Pearson, MA

Vicki Lamb, Ph.D.



State of Connecticut
GENERAL ASSEMBLY

Commission on Children



November 2008

To the Citizens of Connecticut:

The Social State of Connecticut is the stock portfolio of Connecticut's social health. It is an index of social, economic and health areas that impact children, the family and our work life. No single issue or agenda dominates. It spans generations and regions of the state. Our everyday living is captured annually and described for us in consumer-friendly terms.

Three decades are graphed to highlight patterns of success or challenge within eleven social health areas. Each indicator is traced over thirty, ten and five years to show us long as well as short term gains or losses. A single number averages these eleven indicators together. As the Gross Domestic Product or the Dow Jones Industrial Average informs us on the economy, this number informs us on social health.

The Index is at its highest since 1970. Over the past five years, infant mortality and teen births were down significantly. High school dropouts, violent crime and average weekly wages have reached their best performance. There is a decline in the number of young people referred to juvenile court for delinquency or status offenses. Cigarette smoking is down.

There are also problem areas. Youth suicide, affordable housing and income variation show consistently poor or declining performance. Low birth weight has increased. The proportion of personal income spent on health is at its highest. The high cost of housing places Connecticut in the top ten most expensive states in the nation. Hate crimes have increased with racial or ethnic bias accounting for more than half of the total number.

As we enter an unanticipated recession, Connecticut risks the performance declines we saw in the early 1990's. The gains may fall and the problem areas worsen. Policymakers and the public face the challenge of how to hold the gains revealed this year, against an unsettling backdrop and imminent harder times.

The Social Health Index is a civic tool. It is intended to bring in the public as a partner in government and public policy decision making. As the only state with a statute requiring the public and policymakers to be informed annually of social health trend lines, we are able to objectively assess our goals and strategies to hold our performance to the highest measure.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine'.

Elaine Zimmerman
Executive Director

Connecticut Commission on Children

WILLIAM CASPAR GRAUSTEIN
M E M O R I A L F U N D

November 2008

To the People of Connecticut:

The Social State of Connecticut gives citizens a comprehensive look at the social health of this state where we live and work, raise families, educate ourselves, build businesses, and participate in the civic life of our communities. The Social Health Index, a composite of eleven carefully chosen indicators, shows the overall story in one graph. This year's report provides data for two years, 2005 and 2006. The Index improved slightly in both years, reaching the highest ever score of 58 in 2006. Since 2000, Connecticut has been able to hold onto most of its prior gains with scores near or over 50.



The storyteller figure symbolizes the values of the Memorial Fund—educating, supporting and inspiring our children.

Taking a longer view, however, will encourage us to probe more deeply how we are doing. Since 1970, four of the indicators have worsened, despite gains in other areas. These include child abuse, no health insurance, violent crime, and income variation. We may need to ask ourselves different questions in order to understand why these issues are so tough.

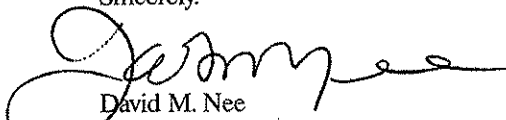
The Social Health Index also allows us to look at the trends for each indicator. For example, reports of child abuse grew steadily over the 1970s, 1980s and 1990s, reaching a peak in 2002. Since then the rate has fallen from a high of 63.7 to 52 out of every 1,000 children in Connecticut. While that rate is still five times the rate of child abuse in 1977, Connecticut has begun to turn the curve in the right direction. It would seem that we know something about what it takes to reduce child abuse, and that deserves public discussion.

We also know that not everyone in Connecticut experiences the same quality of life. The data on infant mortality rates show sharp differences among white, Hispanic and African American populations. In 2006, the infant mortality rate among African Americans was more than three times higher than for whites. Among Hispanic infants, the mortality rate was closer to two times the rate for whites. Clearly, there are far-reaching implications for our health system, the education of young children of color and the supports their families may need.

The report's special section, an overview on how young people interact with the law, marks the second time that the *Social State of Connecticut* has taken a very deep look at this arena. This data will offer a baseline to future researchers as a new law takes effect and more youth are moved out of the adult courts and into the juvenile justice system.

This report invites citizens to stop and reflect, look more deeply, ask probing questions, and work together on solutions that will improve life for all of Connecticut's residents. We thank our partners—the Governor's Office, the Legislature, the Tow Foundation and the Commission on Children.

Sincerely,


David M. Nee
Executive Director

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To our Connecticut Neighbors, Colleagues and Partners:

The story of these successful policy changes and their impact was not told widely enough until the addition of the special section entitled *Young People and the Law* in the 2005 edition of the *Social State of Connecticut* report. It gives us great satisfaction to continue to support the research for this section so that the issues facing our most vulnerable youth and their families will get the attention they deserve. Connecticut's indices on youth arrests, detention and incarceration continue to decline. As parents, constituents and taxpayers, we should all celebrate these results.

Connecticut, like all states, faces many budget challenges in 2009 and beyond. As a result, youth and juvenile justice issues may not be top priorities. But this is a critical time for investments in the success of these young people because the decisions they make will impact us all economically and socially for decades to come.

Sincerely,

Emily Tow-Jackson
Executive Director

The Social State of Connecticut 2008

Center for Population Health and Aging
Population Research Institute
Duke University

Acknowledgments

We would like to express our thanks to David Nee, Executive Director of the William Caspar Graustein Memorial Fund, and Elaine Zimmerman, Executive Director of the Connecticut Commission on Children, for their long-term support of this project. We are also grateful to a number of Connecticut state officials who have helped to assemble the data found in this document. In addition, we acknowledge the General Assembly for its vision to create a state law mandating annual monitoring of the social health of Connecticut for accountability and public awareness.

This year's special section on young people and the law was made possible with support from the Tow Foundation and we are grateful for their support. In particular, we thank Emily Tow Jackson, the foundation's Executive Director, and Diane Sierpina, Senior Program Officer. In addition, a number of individuals from various state agencies contributed their time, thoughts, and advice on this section. These groups include the Court Support Services Division of the State Judicial Branch, the Department of Children and Families, the Department of Correction, the Department of Education, the Department of Public Safety, the Office of Policy and Management, the Office of the Child Advocate, the Division of Public Defender Services and the Connecticut Juvenile Justice Alliance.

We would also like to acknowledge all those who read early drafts of the manuscript and shared their thoughts, questions, and suggestions with us. This project truly represents a team effort.

Finally, we would like to acknowledge the late Dr. Marc L. Miringoff for his pioneering work on The Social State of Connecticut. In addition, we are indebted to Dr. Marque-Luisa Miringoff for her assistance during the transition phase early in this project. These two outstanding scholars have made The Social State of Connecticut possible and we are pleased to continue their excellent research.

Executive Summary

This document seeks to inform public policy and heighten public awareness about social conditions in Connecticut. If we are to understand what shapes the quality of life in Connecticut, regular monitoring of the State's social performance is as important as the regular monitoring of its economic performance.

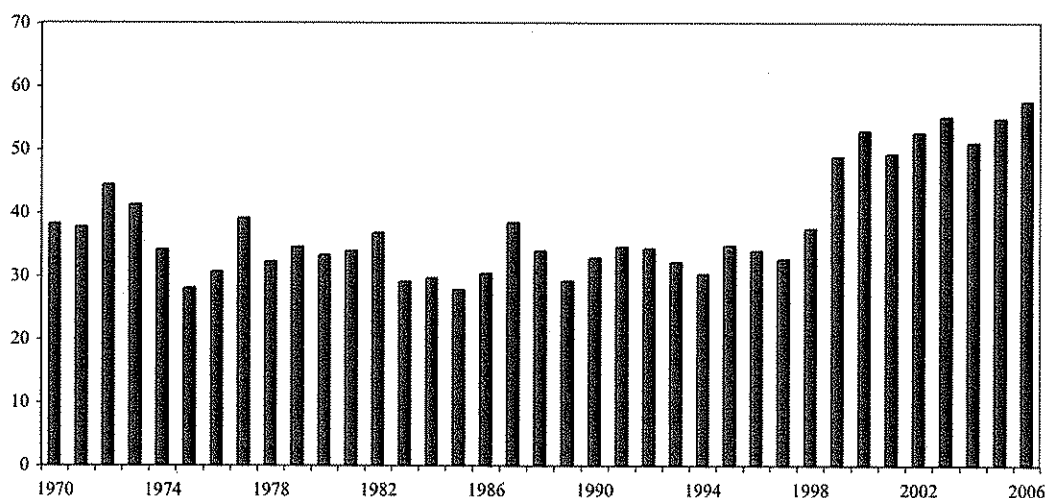
The Connecticut Index of Social Health

The Connecticut Index of Social Health provides an overview of the social performance of the State since 1970. Each indicator of the Index represents an important area of social well-being: health, employment, income, education, and security. The performance of each indicator also reflects the relative strength of the State's social institutions: its communities, schools, and families. Taken together, they tell us much about the quality of life in Connecticut.

The Connecticut Index of Social Health includes the following indicators:

<i>Children and Youth:</i>	<i>Adults:</i>	<i>All Ages:</i>
Infant mortality	Unemployment	Violent crime
Child abuse	Average weekly wages	Affordable housing
Youth suicide	No health insurance	Income variation
High school dropouts		
Teenage births		

Connecticut Index of Social Health, 1970-2006



The Index of Social Health of Connecticut improved slightly in 2005, increasing to a score of 55 out of a possible 100. Improvement continued into 2006, when the index reached a score of 58. The past five years have all seen a score in the 50s. Notable trends and changing trends include:

Short-Range Trends, 2001-2006. In the past five years:

- Six of the eleven indicators improved: infant mortality, child abuse, high school dropouts, teenage births, average weekly wages, and violent crime.
- Four of the eleven indicators worsened: youth suicide, affordable housing, unemployment and income variation.
- One indicator, no health insurance, remained roughly the same.

Mid-Range Trends, 1996-2006. In the past 10 years:

- Seven of the eleven indicators improved: infant mortality, youth suicide, high school dropouts, unemployment, teenage births, no health insurance and violent crime.
- Three of the eleven indicators worsened: child abuse, affordable housing and income variation.
- One of the indicators, although showing some fluctuation, remained roughly the same: average weekly wages.

Long-Range Trends. Since 1970:

- Five of the eleven indicators improved: infant mortality, high school dropouts, teenage births, unemployment, and average weekly wages.
- Four of the eleven indicators worsened: child abuse, no health insurance, violent crime, and income variation.
- Two indicators, youth suicide and affordable housing, although showing some fluctuation, have remained at a similar level.

Young People and the Law: A Brief Overview

Similar to the previous issue of The Social State of Connecticut, this year's report includes a special section on young people and the law. Included in this section are data on arrests, court referrals, detention admissions, court outcomes, and incarceration.

This overview shows that trends of juvenile arrests for all crimes are down. However, violent crime arrest rates for youth are higher than they have been in the past five years, especially for aggravated assault and robbery. Yet it is important to keep in mind that violent crime represents only a very small percentage of all juvenile delinquent activity—approximately six percent. In contrast, the most recent data available indicate a decline in the number of young people who are referred to juvenile court for either a delinquency case or a status offense. Total detention admissions have similarly decreased, reflecting Connecticut's commitment to rehabilitation, rather than punishment, of juvenile offenders.

Conclusion

Much fluctuation is apparent in Connecticut's Index of Social Health since 1970. Notable improvements have occurred, especially since 1990, and the most recent score in 2006 is at its best level since 1970. Nonetheless, it is imperative that these trends continue to be tracked so that areas where improvement has not occurred, or has been slow to occur, can be highlighted and become the focus of policy. Ultimately this is the goal of the Index of Social Health—to improve the quality of life for the citizens of the state of Connecticut.

Part I

Social Health Trends Over Time: Tracking Stability and Change

As a whole, are the people of the United States better off than they were ten years ago? Twenty years ago? What about 36 years ago? Answers to these questions are of importance not only to the children and adults who reside within the boundaries of this country, but also to government agencies and public officials who are responsible for social policies aimed at improving the social life of Americans. In order to effectively address the needs of the people, policy decisions must be based on data and those data must address trends in social health over time.

In terms of national-level well-being, news and politics rely heavily on the health of businesses and the economy. Using measures such as the Dow Jones Industrial Average, the Index of Leading Economic Indicators, the Gross Domestic Product, the balance of trade, and other similar measures, policy makers monitor daily, weekly, monthly, and quarterly fluctuations across a broad range of measures. Despite the approximately one hundred economic indices and indicators that tell us how the economy is doing, we have fewer assessments of trends in the health of other areas of social life.

A broader view of social health would include indicators of child well-being, the quality of our education system, access to health care, housing costs, and crime and victimization. Alone, however, this broad scope of indicators is not adequate to address current social problems and areas of concern to citizens and policy makers. Indeed regular monitoring of such indicators and comparisons of long-term trends in these indicators is necessary to have a meaningful dialogue about the social health of any community.

Indices of Social Health: A General Overview

Before exploring the Connecticut Index of Social Health specifically, it may be useful to briefly discuss social indices in general. An index based approach is one useful way to monitor trends in social health over time. Typically, current levels of well-being are assessed as some percentage of a previous base year, indicating growth or decline in social health over time. This method provides a way for community members and policy makers to identify areas where improvement may be needed, as well as areas where policy may have made a meaningful impact on social well-being. Two prominent

examples of such indices are the Institute for Innovation in Social Policy's Index of Social Health for the United States and the Foundation for Child Development's Child and Youth Well-Being Index (CWI).

Each year, the Index of Social Health for the United States tracks trends across sixteen different key national-level social indicators (<http://iisp.vassar.edu/ish.html>). These key indicators include measures of child, youth, and adult health and well-being. Because trends have been tracked for some thirty years, the Index of Social Health provides important information for those interested in improving quality of life relative to the past. The 2006 Index reports that well-being in the United States stood at a score of 55 out of a possible 100, representing the sixth straight year that the Index has been in the mid-50s. Between 1970 and 2006, America's Social Health worsened by 17 percent.

Similarly, the Child and Youth Well-Being Index focuses on national-level trends in 28 key indicators of child and adolescent health and well-being in the United States from 1975 to the present year to track long-term improvements and deterioration (<http://www.soc.duke.edu/~cwi/>). The 2006 CWI indicates that the social health of America's children improved by approximately three percent between 1975 and 2006. The CWI has shown modest improvement every year since 2003. A larger increase is apparent between 1985 and 2006, when child and youth well-being improved by about ten percent.

These two examples of social indices, the Index of Social Health for the United States and The Child and Youth Well-Being Index, are typical of this vein of research. Both attempt to summarize the social well-being of a population—citizens of the United States in the first example and children and youth in the United States in the second. By regularly monitoring such indices the general public, as well as public officials, can obtain information necessary for debate, discussion, and change in policies aimed at addressing current social problems within those populations. The state of Connecticut has moved to the forefront of the index movement by developing its own standards against which to base change in social health over time.

The Social State of Connecticut: A Brief History

Like the highlighted examples of social indices, The Social State of Connecticut attempts to track changes in the well-being of a specific population—the people of the state of Connecticut. Now in its thirteenth edition, it represents the only application of an index-based approach to assessing trends in social health over time by a state

government. In fact, Connecticut is the only state to legislatively mandate that such a project be completed on an annual basis for the specific purpose of producing a civic tool that can be used to track social health over time. Thus, The Social State of Connecticut, by establishing a partnership between the state legislature and private foundations, provides a model of social reporting for other states in the nation.

As its name implies, this document compiles a wide variety of data about a significant number of conditions that affect the social well-being of Connecticut's citizens. The report provides both an overall assessment of trends affecting the social health of the state as a whole, and an examination of how each individual indicator contributes. This differs from a more narrow focus on the conditions of a single sector of society, a single problem, or a specific community. The report also presents a framework for how to evaluate the current performance of each of the indicators in relation to its past performance. In addition, and consistent with the latest edition, this year's Social State of Connecticut provides a special section on young people and the law, including indicators of arrests, court referrals, detention, court outcomes, and incarceration. Using the 2005 report as a base, we can now assess changes in these indicators over time.

When The Social State of Connecticut was first published in 1994, it was intended to be part of an ongoing process of monitoring the social performance of the state. Thus, each year The Social State of Connecticut presents an annual assessment of social conditions within the state, mapping social trends, identifying both positive and negative developments, and providing an overall assessment of the state's social health. Readers who have followed the progress of this report over time may notice that the current edition differs somewhat from previous releases. First, after over a decade of pioneering research, the late Dr. Marc Miringoff and Dr. Marque-Luisa Miringoff have passed the responsibility of compiling the necessary data and writing the report on to a new team of investigators.

Second, the set of indicators used to represent the social health of the people of Connecticut now includes the percentage of adults without health care insurance rather than the proportion of personal income spent on health care costs.

The methodology used to construct the Connecticut Index of Social Health has also been altered (see Appendix B for details on Index Construction).

Although the 2008 edition of The Social State of Connecticut contains annual updates and adds new information, showing changes from year to year, the goals of social reporting in the state of Connecticut remain the same. The Social State of Connecticut is intended to help link the perspectives and integrate the efforts of many groups, both public and private, who work toward the improvement of social problems in the state. It is also intended to contribute to continuing dialogue among citizens and policymakers about the quality of life in the state of Connecticut.

Part II

The Connecticut Index of Social Health: The Overall Social Performance of the State

The Connecticut Index of Social Health provides a view of social well-being of Connecticut as a whole. For this reason, the focus of the Index is not primarily on specific problems, but rather on the ways in which they interact to create a single social climate for the entire citizenry of Connecticut.

Individuals live unique lives and as such, at some point, each of us experiences a range of social conditions. The Index includes social indicators associated with different stages of the life course, as well as some indicators that affect all of us regardless of age or socioeconomic status.

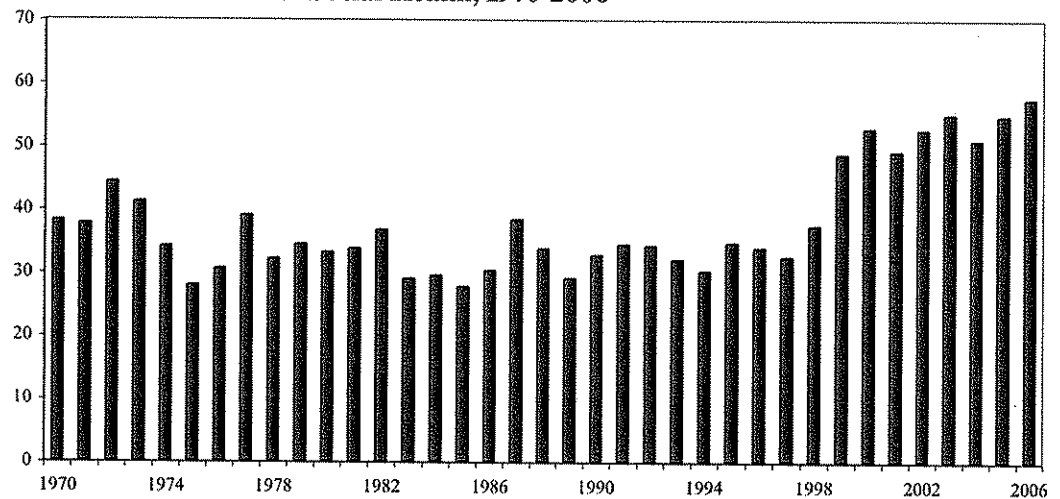
The Connecticut Index of Social Health includes the following indicators:

<i>Children and Youth:</i>	<i>Adults:</i>	<i>All Ages:</i>
Infant mortality	Unemployment	Violent crime
Child abuse	Average weekly wages	Affordable housing
Youth suicide	No health insurance	Income variation
High school dropouts		
Teenage births		

Taken together, Connecticut's performance on these eleven social indicators provides a comprehensive view of the social health of the state. Each indicator represents an important area that affects quality of life: health, employment, income, education, and security. The performance on each indicator also reflects the strength of the state's social institutions: its communities, schools, and families.

These indicators are social in that they do not occur in isolation, nor is their impact confined solely to individuals directly represented by each statistic. Changes in the rate of child abuse or of high school dropouts, crime or average wages, touch wider and wider circles of the population, as their cumulative consequences are realized. Monitoring these indicators, both individually and in conjunction with one another, tells us much about the social health of Connecticut.

Connecticut Index of Social Health, 1970-2006



The Index of Social Health of Connecticut improved slightly in 2005, increasing to a score of 55 out of a possible 100. Improvement continued into 2006, where the Index reached a score of 58. The past five years have all seen a score in the 50s.

Between 2005 and 2006

- Six of the eleven indicators improved: child abuse, high school dropouts, unemployment, average weekly wages, no health insurance and affordable housing.
- Two of the eleven indicators worsened: violent crime and income variation.
- Final versions of three indicators had not yet been released and were estimated for 2006 based on national data: infant mortality, teen suicide, and teenage births.

Short-Range Trends, 2001-2006. In the past five years:

- Six of the eleven indicators improved: infant mortality, child abuse, high school dropouts, teenage births, average weekly wages, and violent crime.
- Four of the eleven indicators worsened: youth suicide, affordable housing, unemployment and income variation.
- One indicator, no health insurance, remained roughly the same.

Mid-Range Trends, 1996-2006. In the past 10 years:

- Seven of the eleven indicators improved: infant mortality, youth suicide, high school dropouts, unemployment, teenage births, no health insurance and violent crime.
- Three of the eleven indicators worsened: child abuse, affordable housing and income variation.
- One of the indicators, although showing some fluctuation, remained roughly the same: average weekly wages.

Long-Range Trends. Since 1970:

- Five of the eleven indicators improved: infant mortality, high school dropouts, teenage births, unemployment, and average weekly wages.
- Four of the eleven indicators worsened: child abuse, no health insurance, violent crime, and income variation.
- Two indicators, youth suicide and affordable housing, although showing some fluctuation, have remained at a similar level.

Because of significant improvement since 1999, the Index is some 20 points above its 1970 value. Yet its 2006 value is far below 100, the best possible value, indicating that there is much room for improvement. Specific areas where improvements are needed are detailed in Section III.

Comparisons by Time-Period

An analysis of the social health of Connecticut by time-period over the past 35 years helps to clarify the pattern of recent trends.

	<i>Starting Score</i>	<i>Ending Score</i>	<i>Change During Period</i>
Period			
1970 – 1980	38.2	33.2	-13%
1980 – 1990	33.2	32.8	-1%
1990 – 2000	32.8	52.8	61%
2000 – 2005	52.8	54.9	4%
2005 – 2006	54.9	57.5	5%

Connecticut experienced modest declines in social well-being during the 1970s. The following decade showed even more modest declines, with well-being between 1980 and 1990 showing little change, roughly one percent. Two troughs in the 1980s were offset by two peaks. Consistent improvement came in the 1990s, with a 61 percent increase in the overall Social Index between 1990 and 2000. By 2000 the index reached a score of 53, compared to its starting value of 38 in 1970. Since the turn of the century, however, the rate of improvement has slowed. The 2005 value of the index, 55, was only 4 percent higher than its 2000 value. Despite this slowed growth, between 2005 and 2006 the Index improved by five percent. As a result, the 2006 score for the Social Health Index of Connecticut is at its highest point since 1970.

National Comparison

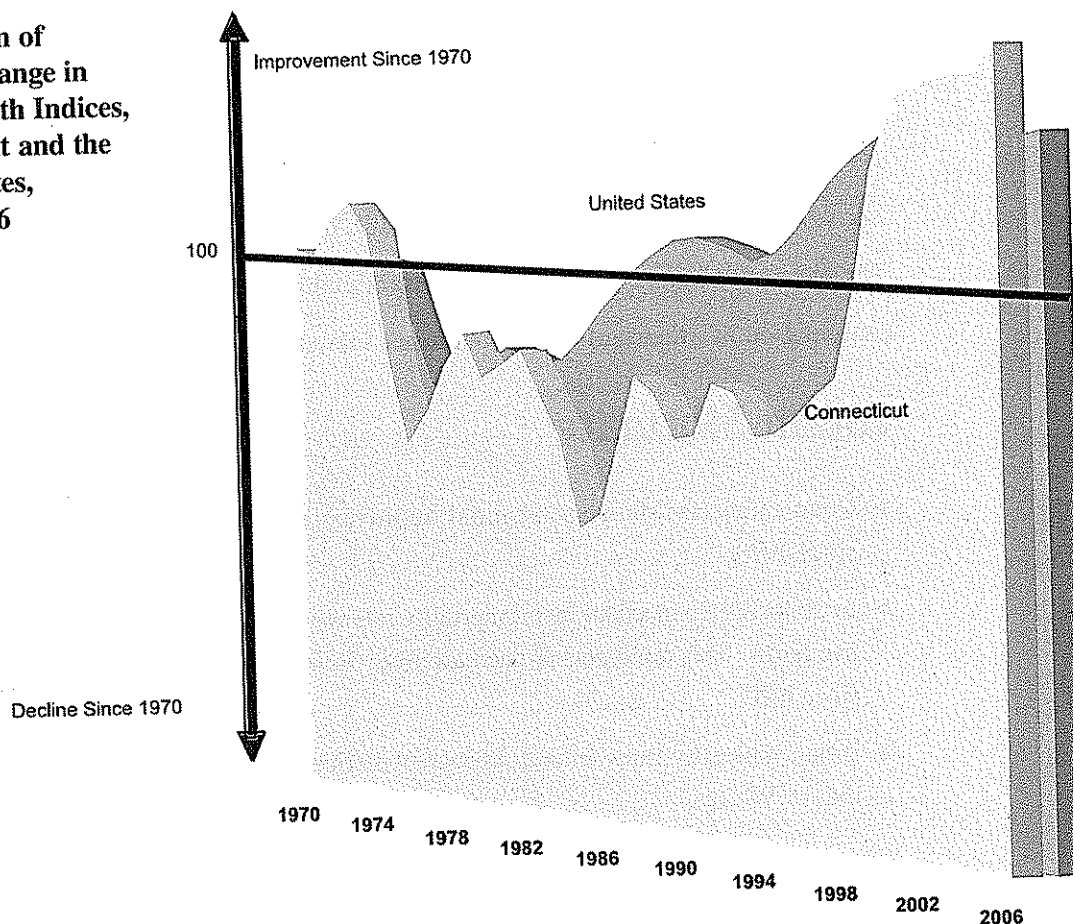
The social health of Connecticut can be compared to the social health of the United States as a whole. As such, a similar index of social health was constructed for the U.S. although it is important to keep in mind that the two are not identical and therefore are not directly comparable (see Sources section). However such an index still provides a useful comparison for long-term trends. Index values for the United States can be found in Appendix A.

The figure on the next page depicts the percent change in both the social health index of Connecticut and of the United States since 1970. The black horizontal line indicates an index value equal to that of 1970 and is set at one-hundred. Annual values below the line indicate a decline in the social health index since 1970 whereas values above the line indicate an improvement in the social health index since 1970. A three-year moving average is depicted in order to smooth the lines in the figure.

The social health of Connecticut and that of the nation followed roughly similar paths during the 1970s and early 1980s. They diverged slightly during the mid-1980s into the early 1990s, when Connecticut experienced declines in social health compared to social health in the United States. However, improvement in Connecticut post-1995 outpaced that in the U.S. as whole and by 2000 social health in both had reached a peak.

Whereas the rate of improvement in the United States has leveled off since 2000, in Connecticut, social health has continued to experience improvement based on 1970 levels of well-being. An important goal of this report is to highlight the areas in Connecticut where social health has improved. Nonetheless, there are also areas where well-being has become stagnant, or even declined, and these areas will also be highlighted.

**Comparison of
Percent Change in
Social Health Indices,
Connecticut and the
United States,
1970 – 2006**



Conclusion

Much fluctuation is apparent in Connecticut's Index of Social Health since 1970. Notable improvements have occurred, especially since 1990, and the most recent score in 2006 is at its best level. Despite recent improvement, it is imperative that these trends continue to be tracked so that areas where improvement has not occurred, or has been slow to occur, can be highlighted and become the focus of policy.

Every year the single number produced by the Index represents many aspects of well-being, including the health of children, the education of youth, the economic capabilities of families and households, and the access to health care, safe neighborhoods, and adequate health care for all. Ultimately the goal of the Index of Social Health is to improve the quality of life of the people of the state of Connecticut.

Part III

A Closer Look A Social Profile of Connecticut

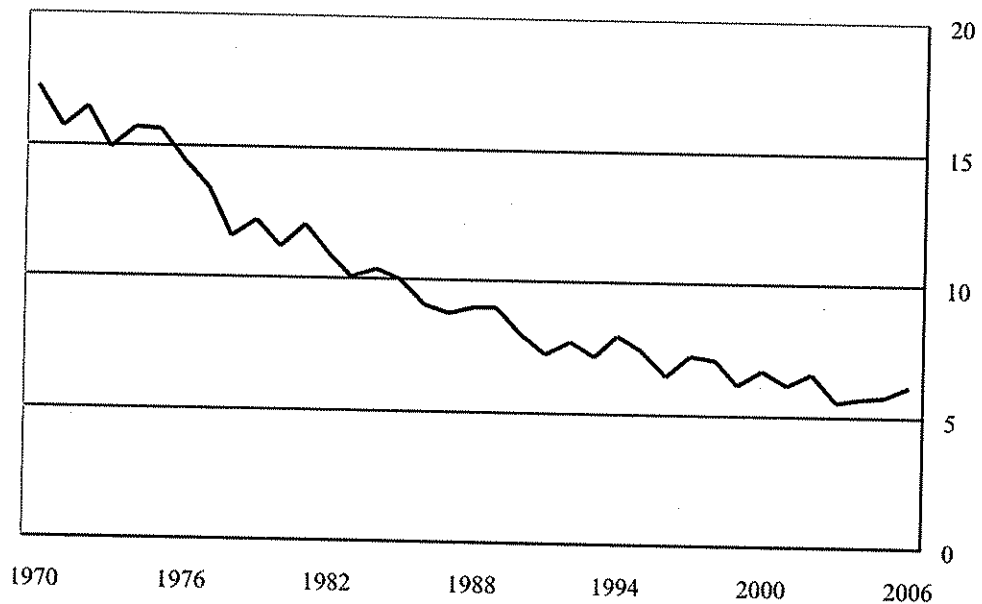
The eleven indicators of the index are examined in greater detail, with a presentation of important social conditions related to each.

Infant Mortality

- Connecticut has shown substantial improvement in its infant mortality rate since 1970.
- In 2006, the Connecticut infant mortality rate was 6.1 infant deaths per 1,000 live births. This represents an increase from 5.4 in 2003, the best rate on record since 1970.
- Infant mortality rates among African-Americans are three times higher than that of Whites.

Infant Mortality

Deaths per 1,000 live births



Source: Connecticut Department of Public Health, Vital Statistics, Registration Reports.

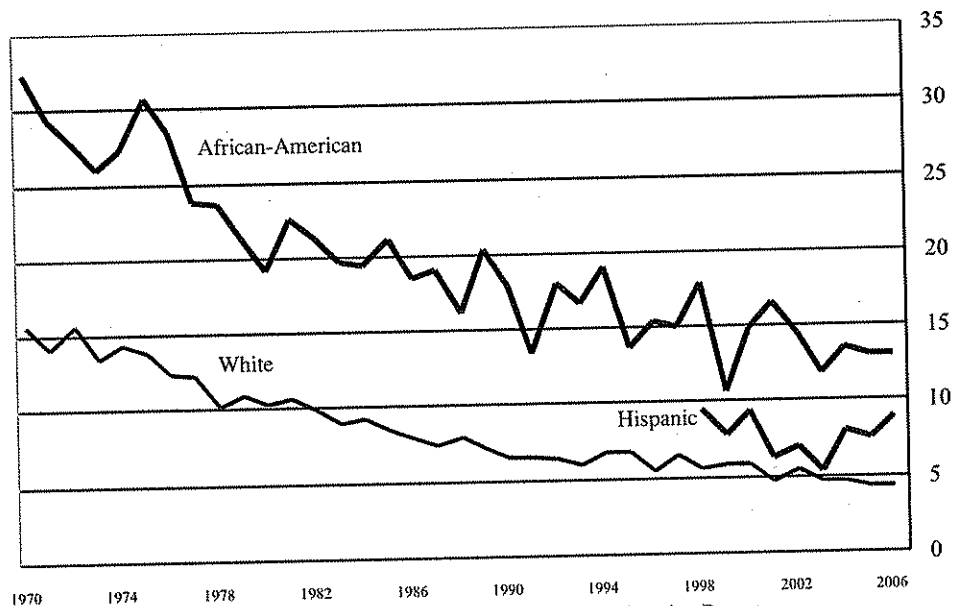
The infant mortality rate, the number of infant deaths in the first year of life for each thousand live births, has improved substantially over time in Connecticut.

Advances in prenatal care, respiratory care, and early intervention have enabled more infants to survive during this critical period.

In 2006, Connecticut's infant mortality rate of 6.1 remained well under the high of 17.2 deaths per 1,000 live births in 1970. However, this year's infant mortality rate represents an increase from the historically low 2003 rate of 5.4 deaths per 1,000 live births, as well as an increase from the previous year, 5.7 deaths per 1,000 live births in 2005. Race/ethnic differences in infant mortality rates remain large. In 2006, the infant mortality rate among Whites was 4.2 per 1,000 live births whereas for African-Americans the rate was 12.9. The rates remained unchanged from 2005. The 2006 figure represents an all time best since 1970 for Whites. Although the rate among African-Americans declined from 13.5 in 2004 the sizeable gap between the two groups suggests that the reasons for improved survival among infants may not extend equally to all sectors of society. Among Hispanic infants, the infant mortality rate in 2006 was 8.9.

Infant mortality by race

Deaths in the first year of life per 1,000 live births

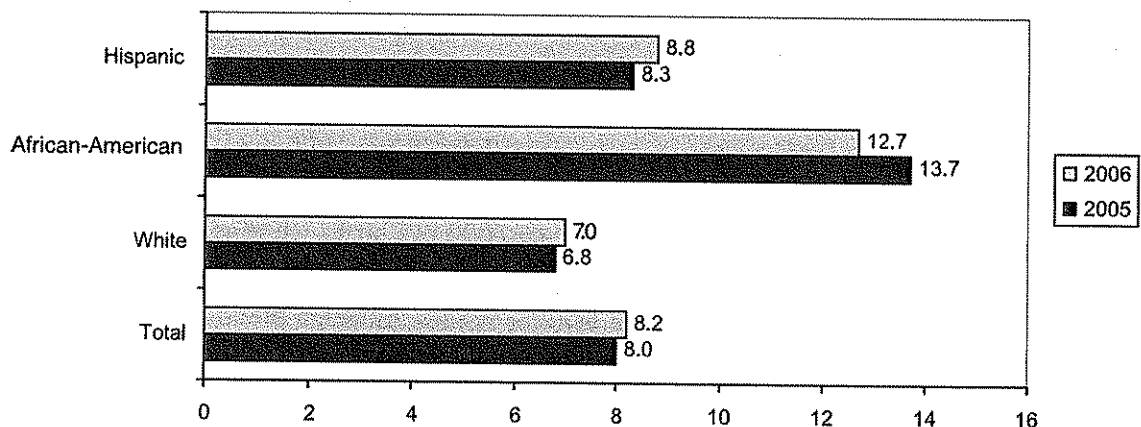


Source: Connecticut Department of Public Health, Vital Statistics, Registration Reports.

Low birthweight infants are those born below 5 pounds 8 ounces. These infants are vulnerable to a host of short- and long-term health problems. The proportion of low birthweight infants increased to 8.2 percent of births in 2006. Much like infant mortality rates, the proportion of low birthweight infants also shows

Low Birthweight

Percentage of births, by Race/Ethnicity, 2005 and 2006



Source: Connecticut Department of Public Health, Vital Statistics, Registration Reports

race/ethnic disparity. Among White infants, 7.0 percent were born under 5 pounds 8 ounces, representing a slight increase over the 2005 percentage of 6.8. Among Hispanics, the percent of low birthweight infants also increased, from 8.3 percent in 2005 to 8.8 percent in 2006. However among African-Americans, rates decreased from 13.7 in 2005 to 12.7 in 2006.

The provision of timely prenatal care is one reason for improved infant survival rates and not surprisingly, with increased infant mortality rates between 2004 and 2006, first trimester prenatal care declined from 87.2 percent in 2004 to 86.7 percent in 2005, and continued to decline in 2006 to 85.8 percent. Among Whites the percentage of mothers receiving timely prenatal care in 2006 was 91.5, for Hispanics it was 75.1, and for African-Americans it was 74.7.

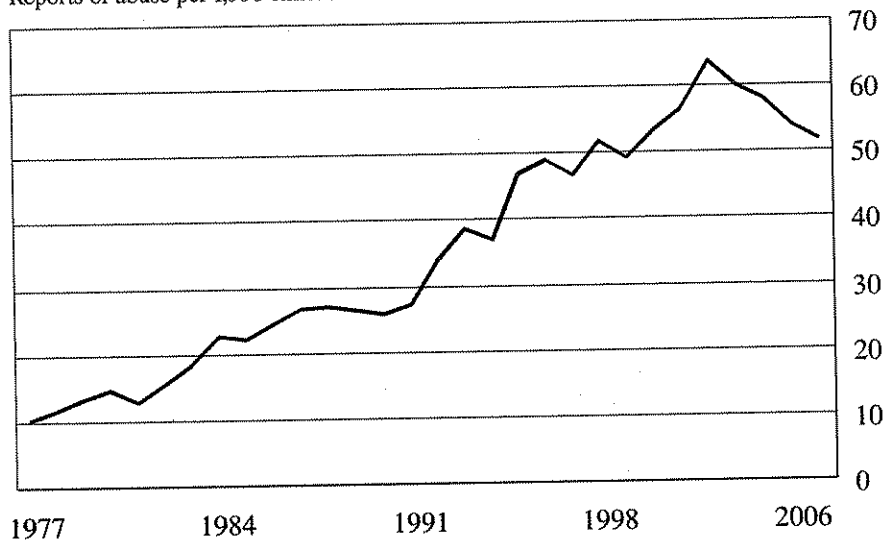
The trends reported here show long-term progress in terms of infant mortality. However, in the past two years increasing rates of infant mortality and low birthweight, as well as decreasing rates of mothers receiving timely prenatal care during the first trimester, suggest that this trend may be reversing direction, erasing three decades of improvement. Large and persistent gaps between race/ethnic groups, especially between Whites and African-Americans, also suggest that these trends should continue to be monitored closely.

Child Abuse

- Reports of child abuse rates have worsened over time, however recent data suggest a downturn in this trend since 2002.
- In 2006, 52 out of every 1,000 Connecticut children were referred in cases of child abuse.
- There were 9 child maltreatment fatalities in 2006.

Child abuse

Reports of abuse per 1,000 children under 18



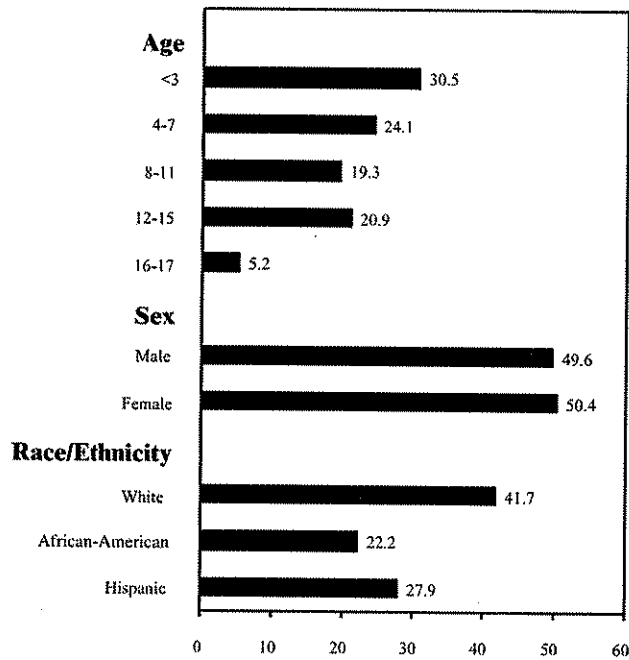
Source: U.S. Department of Health and Human Services, Administration on Children and Families

Child abuse is a serious problem facing the nation today. In Connecticut reports of child abuse increased steadily through the 1970s well into the early 2000s. Between 1990 and 2002, when rates of child abuse peaked at 63.7 per 1,000 children, reports of child abuse in Connecticut more than doubled, increasing by almost 150 percent in the twelve year span. However, since 2002, the rate of child abuse reports has been on the decline and in 2006 stood at 52 per 1,000 children.

In both 2005 and 2006, the state's child abuse rate declined. In 2005, 45,064 children were referred in cases of child abuse and in 2006 that number decreased to 42,286. The 2006 rate of 52 reports per 1,000 children under 18 represents a decrease of 19 percent since 2003 when the rate was 63.7, its historical worst since reporting began in the 1970s.

“Neglect” is the most common form of child maltreatment, representing 91.3 percent of substantiated reports. “Physical abuse” was cited in six percent of the cases and “medical neglect” and “sexual abuse” were both cited in four percent of the cases. A total of 1,306 children were removed from their homes as a result of child abuse or neglect in 2006, accounting for 12.8 percent of substantiated cases. Nine fatalities were attributed to child maltreatment in 2006, an increase from six deaths in 2003.

Child abuse victims by age, sex, race/ethnicity
Percent of substantiated cases, 2006



Source: U.S. Department of Health and Human Services, Administration on Children and Families

The highest number of abuse cases in 2006 occurred among the youngest children. Thirty-one percent of child abuse victims were under the age of three, and another 24 percent were children between the ages of four and seven. Males and females were equally represented with both accounting for roughly 50 percent of victims. By race, the majority of victims were White at 42 percent, 28 percent were Hispanic, and 22 percent were African-American.

Preventative services play an important role in limiting the occurrence of child abuse. Federal data suggest that Connecticut responds quickly to child maltreatment reports, with an average of just five days between the start of an investigation and the provision of services. Among the 42 states reporting response time data, only one state (Idaho) and Washington, D.C. provided services faster than Connecticut. However, only 33 percent of the state's child maltreatment victims received post-investigation services, which places

Connecticut 42nd among the 46 states reporting.

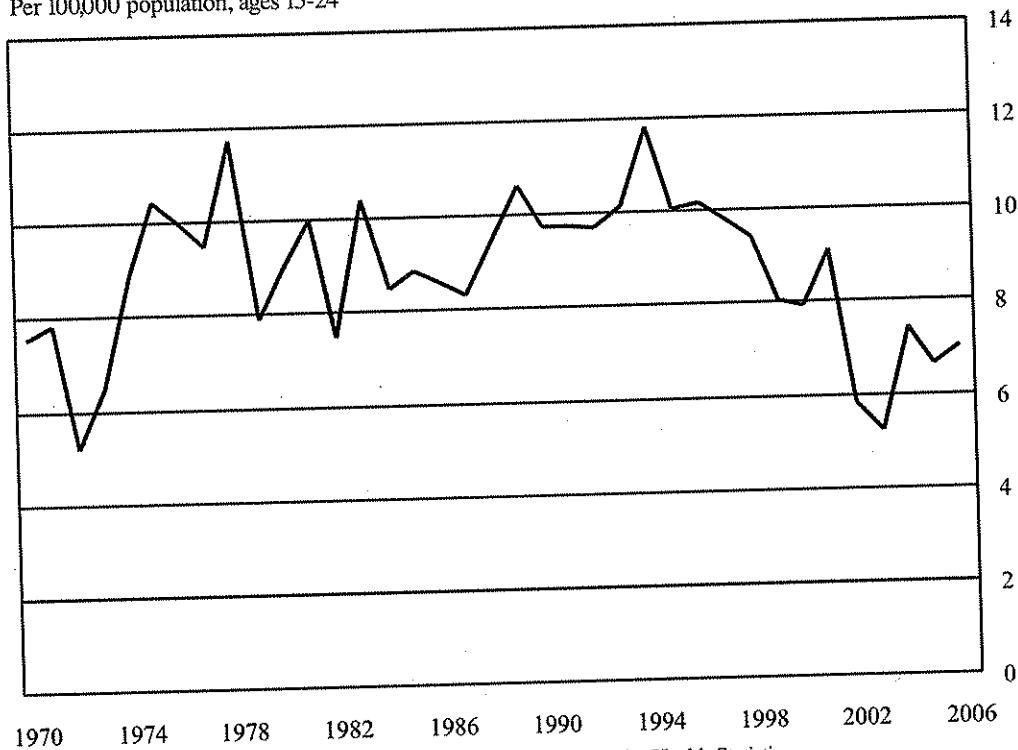
Child abuse is preventable through intervention, education, and child protective services. Although longitudinal trends indicate that child abuse is a growing problem the most recent available data suggest that this trend may be reversing. Nonetheless, child abuse remains a serious concern that requires the attention of Connecticut's state and local leaders.

Youth Suicide

- The suicide rate among young people, ages 15-24, has shown much variation since 1970.
- The 2006 youth suicide rate in Connecticut was 7.0 deaths per 100,000 youth and is higher than the historically lowest rate of 5.1 seen in 1972.
- The majority of youth suicide victims are White and male.

Youth suicide

Per 100,000 population, ages 15-24

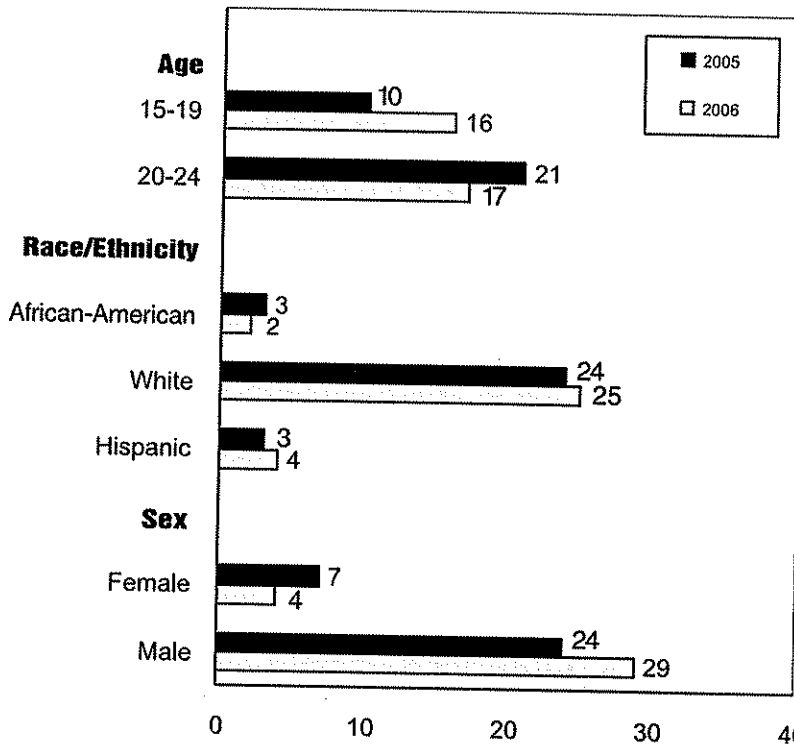


Sources: Connecticut Department of Public Health; National Center for Health Statistics

Suicide rates among youth across the nation rose through much of the 1970s and remained high in the 1980s. During the later part of the 1990s the rate stabilized and the early 2000s showed a decline in youth suicide. Likewise, in Connecticut the suicide rate among young people ages 15 to 24 has fluctuated since 1970, when the rate was 7.5 deaths per 100,000 youths. The worst years on record occurred in the mid-1990s, from 1993 to 1996, when the youth suicide rate reached 10 or higher for four consecutive years. The rate peaked in 1994 at 11.8 deaths per 100,000 youths.

Youth suicide by age, race/ethnicity and sex

Number of cases, 2005 and 2006



Source: National Center for Health Statistics

Rates declined between 2004 and 2005 (from 7.4 to 6.6) but then increased again in 2006, reaching a rate of 7.0 deaths per 100,000.

In 2006 in Connecticut, 33 deaths were attributed to suicide among youth ages 15 to 24. As in previous years, the majority of the deaths occurred among Whites and males. Males accounted for 88 percent (29 of 33) of the youth suicides and Whites comprised 76 percent of these deaths (25 of 33). One alarming increase between 2005 and 2006 occurred in the number of suicides among youths of younger ages. The number of suicides among youth ages 15 to 19 increased from 10 in 2005 to 16 in 2006 whereas the number of suicides among those ages 20 to 24 decreased from 21 in 2005 to 17 in 2006.

The Connecticut School Health Survey indicates that a considerable number of high school students think about, plan, or attempt suicide. The 2005 survey found that 15.1

percent of high school students said they had seriously considered suicide in the past 12 months, while 13.8 percent had actually made a plan about how they would attempt suicide. A smaller proportion, 12.1 percent, indicated that they had attempted suicide one or more times in the previous 12 months. The survey is not annual, but administered every two years. Results from 2007 indicate that 13.1 percent of students seriously considered suicide during the previous year, 10.3 percent made a suicide plan, and 9.8 actually attempted suicide. These percentages suggest that Connecticut youth may experience an overall decline in suicide rates for 2007.

Although improvements have recently been made in lowering the youth suicide rate in Connecticut, the number of youth indicating some degree of suicide ideation, or even attempting suicide, is alarming. Continued monitoring of these trends is necessary and should be followed by parents, educators, service providers, and policy makers.

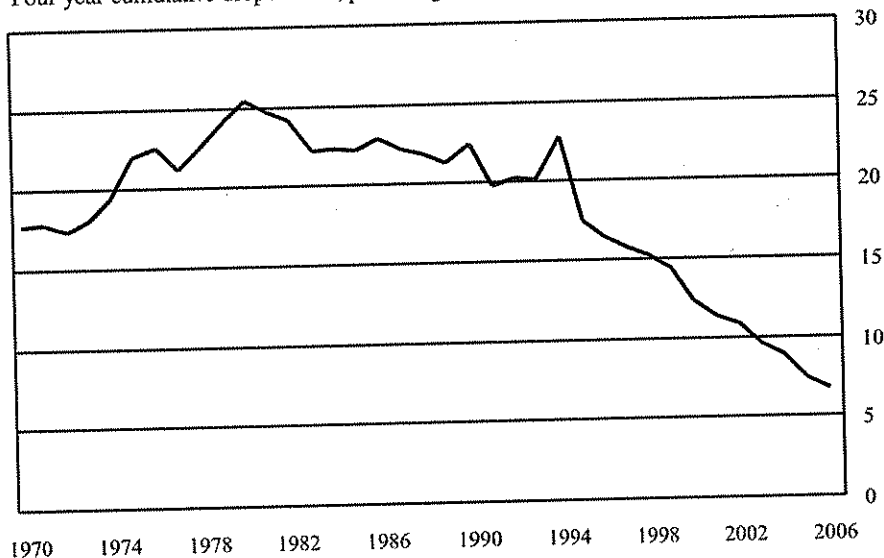
High School Dropouts

- In 2006, the high school dropout rate improved to its best on record since 1970.
- The cumulative four-year high school dropout rate of 6.6 percent achieved by the graduating class of 2006 represented the twelfth consecutive year of improvement.
- During the 2005-2006 school year, the annual high school dropout rate among African-American and Hispanic students was more than double the rate among White students.

The high school dropout rate is an important indicator of the performance of Connecticut's educational system and the prospects for the next generation. During the 1970s the dropout rate increased, peaking in 1980 at a rate of 25.3 percent. A leveling of this trend in the 1980s followed by a decrease in the dropout rate during the 1990s and early 2000s has led to the lowest rate of dropping out since 1970.

High school dropouts

Four-year cumulative dropout rate, percentage of students by graduating class year



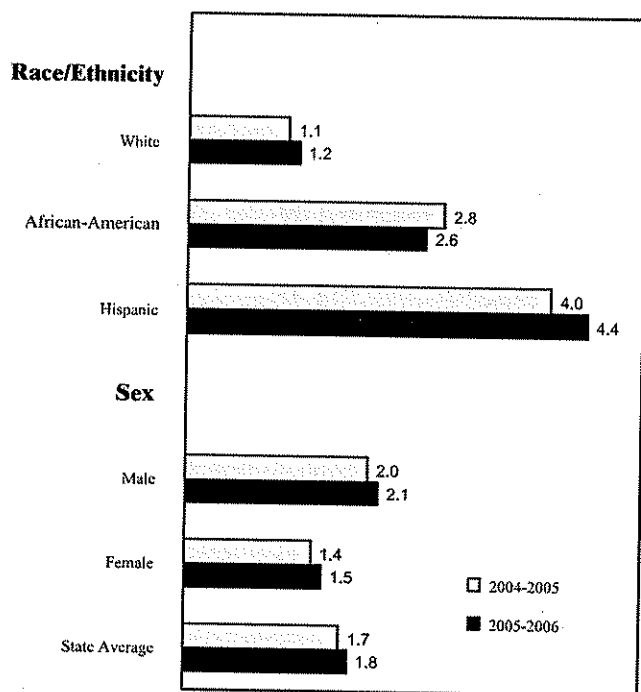
Source: Connecticut State Department of Education

In 2006, Connecticut's high school dropout rate improved for the twelfth consecutive year, reaching a new all-time best. The four-year cumulative high school dropout rate, which measures the percentage of students in the graduating class who have dropped out between grades 9 and 12, improved to 6.6 percent. The current rate is better than the 2005 rate of 7.3 percent and represents a 41 percent improvement from the rate of 11.2, just five years earlier. This year's rate is the best Connecticut has experienced since 1970.

During the 2005-2006 school year, a total of 3,221 students dropped out of high school, 200 more dropouts than in 2004-2005. Not surprisingly, the percentage of these dropouts who were in the ninth grade also increased from 22 to 26 percent during this same period. Given that one-quarter of dropouts in the 2005-2006 school year occurred in the ninth grade, early intervention and prevention is of utmost importance.

The annual high school dropout rate, defined as the percentage of students who drop out in a single academic year, showed slight improvement for all race/ethnic groups. Yet the dropout rate for minority students, both African-Americans and Hispanics, continues to

**Annual dropout rate,
percentage of students,
2004-2005 and 2005-2006 school years**



Source: Connecticut
State Department of
Education

be higher than the rate of White students. While the overall annual dropout rate for the 2005-2006 school year was 1.8, the rates among African-American students (2.6) and Hispanic students (4.4) were more than double the 1.2 rate among White students. Because the dropout rate among minority students has improved substantially in recent years, racial disparities in high school dropout rates have also narrowed. This is especially true for Hispanic students whose rate has improved from 8.8 during the 1997-1998 school year to 4.4 in the 2005-2006 school year.

Male students have consistently had a higher annual dropout rate than female students. In 2005-2006 the annual dropout rate among males was 2.1 compared to a rate of 1.5 for females.

While the statewide cumulative dropout rate continues to improve, there are persistent disparities across the state geographically. Some of Connecticut's school districts have cumulative rates far above the state average, including: Bridgeport (25.9 percent); New Britain (22.7 percent); Hartford (20.8 percent); New Haven (18.7 percent); and Windham (17.9 percent).

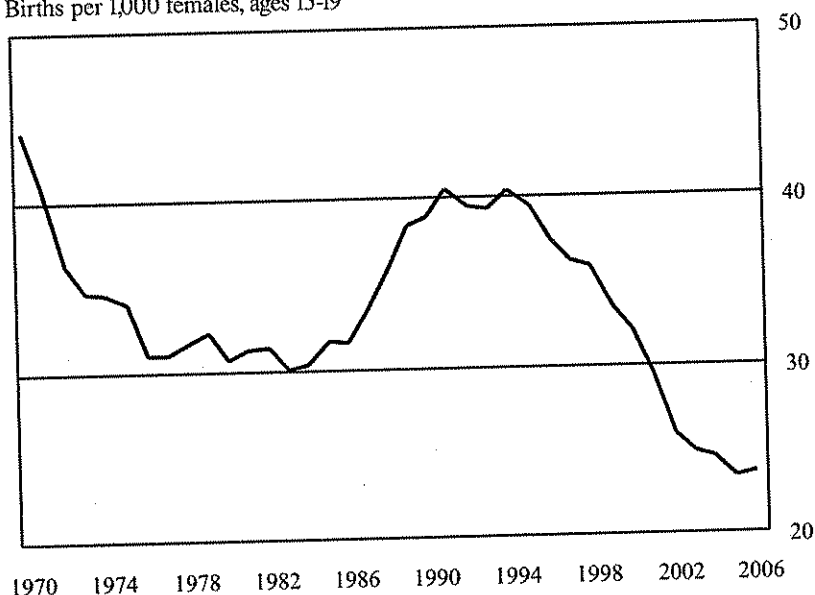
The 2006 cumulative dropout rate, the best performance on record, is a positive sign for Connecticut's youth. But race/ethnic and geographic disparity indicates that room remains for improvement.

Teenage Births

- The teenage birth rate fell during the 1970s, remained stagnant during the early 1980s, only to rise again in the late 1980s and early 1990s. Since 1994, however, trends have been steadily on the decline.
- In 2006, the birth rate among females ages 15 to 19 remained steady, holding at 23.5 births per 1,000 females. The 2005 rate was 23.3 births per 1,000 females. These are the lowest rates during the 37-year coverage of this report.
- In 2006, the number of births to females under the age of 15 was 34, well below the peak of 121 in 1992.

Teenage births

Births per 1,000 females, ages 15-19



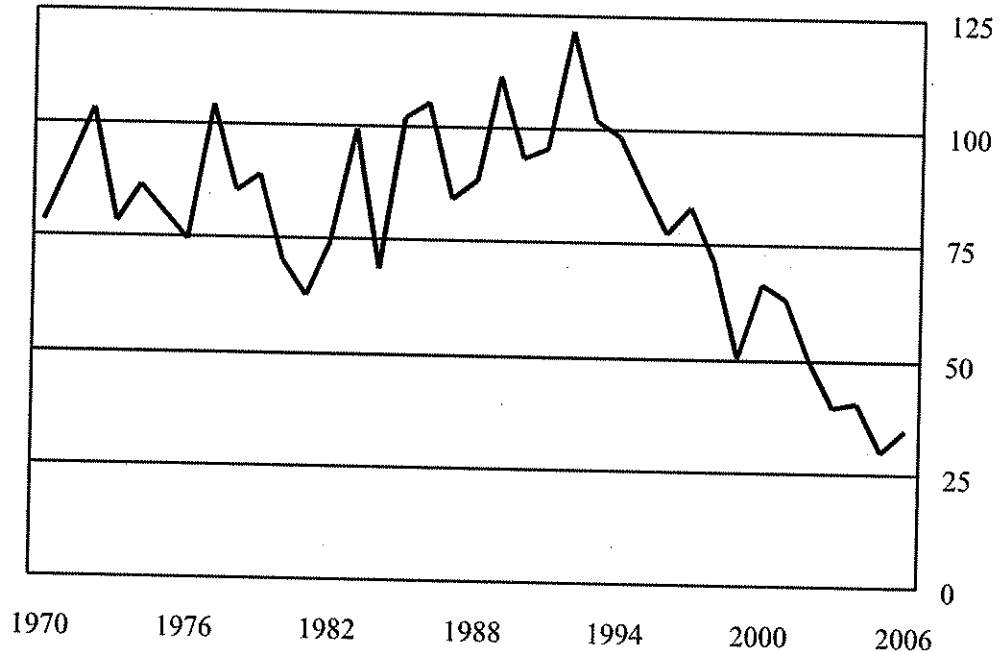
Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

The national trend in the teenage birth rate has shown substantial improvement over the course of the past decade. Connecticut's teenage birth rate also followed this trend. Although teen births increased dramatically during the late 1980s, a leveling occurred in the early 1990s, followed by a steady decline thereafter.

In 2005, the teenage birth rate in Connecticut declined for the eleventh consecutive year, 23.3 births per 1,000 females ages 15 to 19, and remained relatively steady at 23.5 in 2006. The 2005 figure represents an historical best since 1970. At its peak in 1970, the rate

Births to females under age 15

Number of births per year



Source: Connecticut Department of Public Health.

reached 44.1 births per 1,000 females. Both the 2005 and 2006 rates represent a 47 percent improvement over the 1970 rate.

Connecticut's teen birth rate does vary substantially by race/ethnicity. In 2006, the teen birth rate among Whites was 93 per 1,000 females ages 15 to 19; among African-American females the rate was 466, more than four times as great. Among Hispanic females of the same age group, the rate was 78.3, almost double the African-American rate and more than eight times the White rate.

Infants born to the youngest mothers, those under the age of 15, typically have the greatest risk of physical complications associated with pregnancy and giving birth. The number of births to females under age 15 increased from 29 in 2005 to 34 in 2006, although this number is still well below the historic high of 122 in 1992.

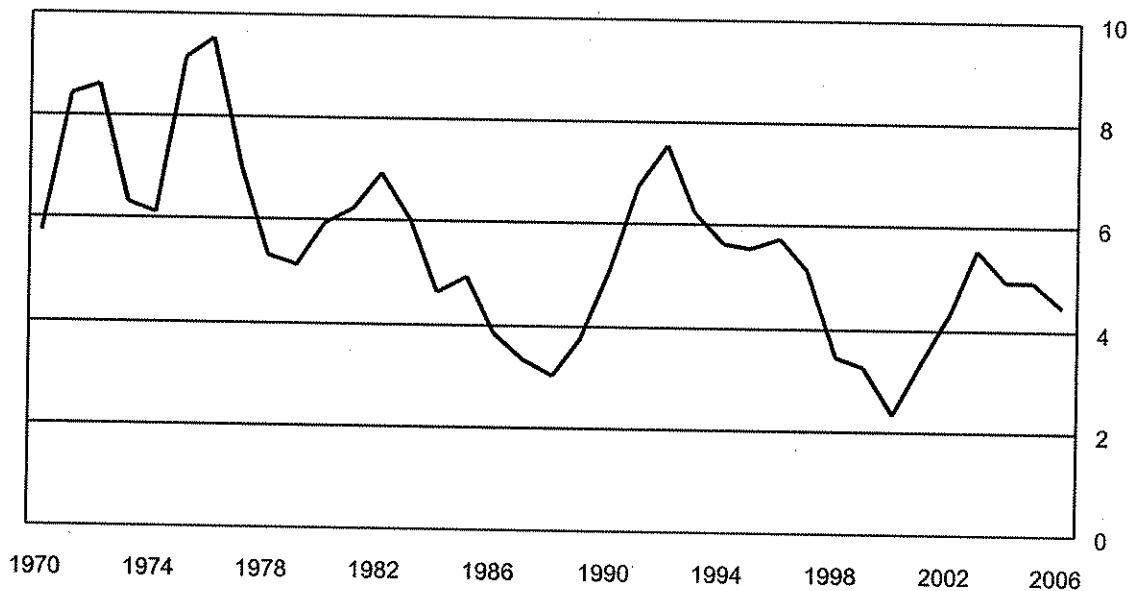
Experiencing the birth of a child during the teenage years is often associated with poverty and the disruption of schooling, which may lead to life-long struggles with health, employment, and income. Overall, teenage births may constitute only a small portion of the total number of births in Connecticut but they often represent the largest costs in terms of financial burdens, medical services, and social support. The fact that Connecticut has seen a dramatic reduction in the rate of teenage births, including those to the youngest female population, resulting in the lowest rates since 1970, is a positive sign for the overall social health of the state. Nonetheless, the extreme racial/ethnic disparities in the teen birth rate suggest that more attention should be focused on this problem and that room for improvement remains.

Unemployment

- Unemployment rates since 1970 have shown much fluctuation, with declines posted in the 1980s, increases between 1989 and 1992, followed again by decline throughout the 1990s.
- In 2006 the unemployment rate in Connecticut was 4.4 percent compared to 4.9 percent in 2005.
- Unemployment remains disproportionately high among race/ethnic minorities and youth.

Unemployment

Unemployed workers as a percentage of civilian labor force



Source: U.S. Department of Labor, Bureau of Labor Statistics

The unemployment rate in Connecticut has shown a great deal of fluctuation over the past three decades. Relatively high rates in the 1970s were followed by a period of decline in the late 1980s, with unemployment dropping to three percent in 1988. A nationwide recession in the early 1990s resulted in a sharp increase in unemployment rates, peaking again in 1992 at 7.5 percent. As the nation's economy adjusted, so too did unemployment rates, which steadily declined to a record low of 2.3 percent in 2000. Subsequently, however, unemployment began to rise once again.

In 2006, the unemployment rate dropped slightly to 4.4 percent. Since the record low of 2.3 percent in 2000, unemployment rates have nearly doubled.

Between 2005 and 2006, unemployment rates also dropped among men, from 4.8 to 4.4. A similar trend occurred among women, whose rate declined from 5.2 to 4.2. This pattern of declining unemployment rates also extended to race/ethnic groups. Unemployment among Whites declined from 4.4 to 3.8, among African-Americans it declined from 9.0 to 8.1, and among Hispanics it declined from 11.7 to 8.2. It is important to remember that more men than women and more Whites than African-Americans or Hispanics are in the labor force. These percentages refer to unemployment rates within specific gender and race/ethnic groups.

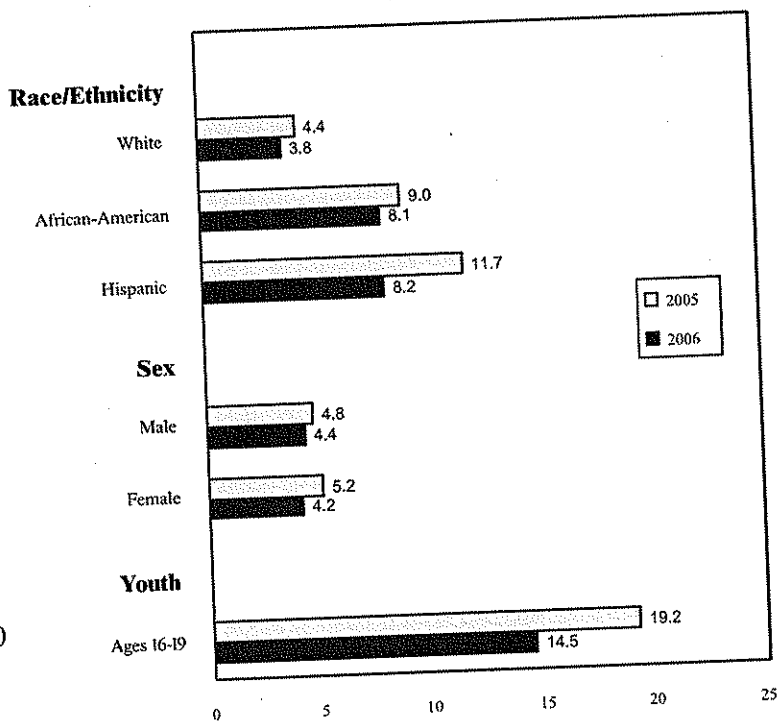
Unemployment among only young people ages 16 to 19 also declined from 19.2 in 2005 to 14.5 in 2006. Young men, in particular, face a difficult employment situation; the unemployment rate among young men ages 16 to 19 was 15.9 percent.

Connecticut's unemployment rate varies by county. Three Connecticut counties had unemployment rates above five percent—Hartford, New Haven, and Windham. The highest unemployment rates were concentrated in large, urban areas. By comparison, two of Connecticut's cities had very high unemployment rates in 2006—Waterbury (7.0 percent), and Hartford (8.8 percent).

Despite declines in the unemployment rates among women, racial/ethnic minorities, and youths, the overall trend in unemployment remained relatively stable during the past year. Stagnation, however, is not a sign of an improving employment picture. As the national economy continues to suffer, government officials and policy makers should continue to monitor trends in the employment prospects of Connecticut's people.

Unemployment by race/ethnicity, sex and age

Unemployed workers as a percentage of civilian labor force

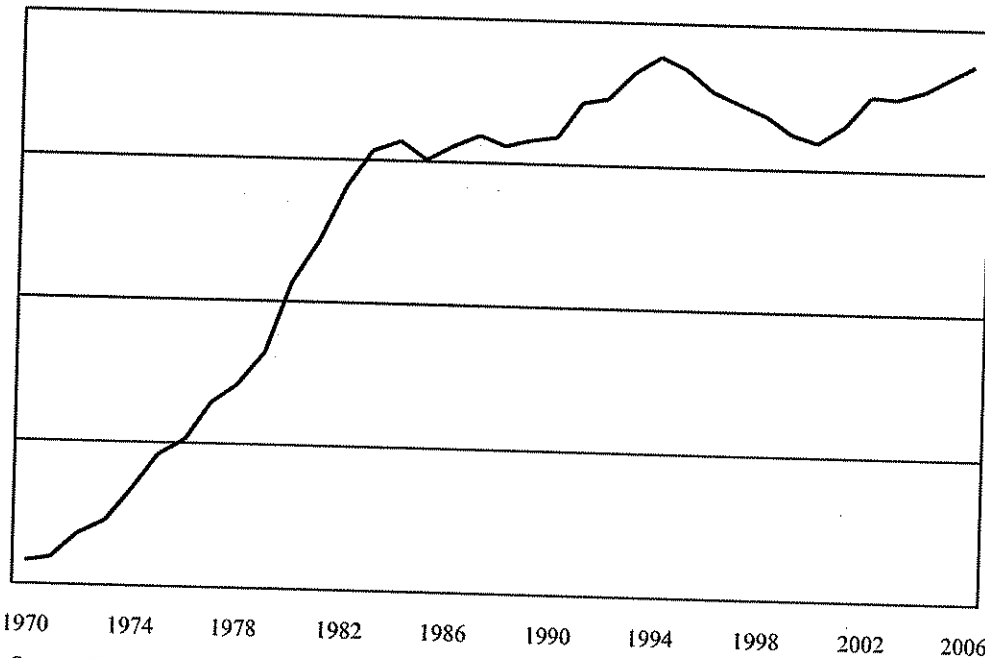


Source: U.S. Department of Labor, Bureau of Labor Statistics.

Average Weekly Wages

- After stagnation during the 1970s, wages among production workers have increased fairly steadily since the early 1980s.
- Average weekly wages among factory production workers, measured in constant dollars, increased in 2006.
- The manufacturing sector continues to shrink as a proportion of the state's work force but these declines have been offset by increases in other sectors.

Average weekly wages of factory production workers
In 2000 dollars



Source: U.S. Department of Labor, Bureau of Labor Statistics

One important indicator of the income levels in a state is the average wage of factory production workers. Historically, these workers formed the foundation of the labor force, representing the most typical wages.

In 2006, the average weekly wages of factory production workers in Connecticut increased by approximately \$10 (in 2000 constant dollars). The average weekly wage, measured

in 2000 constant dollars, was \$723.93. Real wages have increased in Connecticut in nine of the past ten years. As a consequence, average weekly wages in 2006, again measured in constant dollars, were the second-highest on record since 1970, virtually the same as the peak level in 1994.

Although average wages in manufacturing increased this year, the number of jobs in the manufacturing sector continued to shrink. During the 1950s the majority of jobs were in the manufacturing sector. In 2006 these jobs employed only 12 percent of the work force, accounting for fewer than 200,000 jobs among the 1.68 million workers in the state.

Between 2005 and 2006 Connecticut gained 19,000 non-farm jobs, representing the third straight year of job growth in the state. The manufacturing sector, however, experienced a net loss of roughly 2,000 jobs during the same period. For this sector, 2006 was the seventh straight year of declining employment. In contrast, the health care and social assistance sector has experienced over a decade of consecutive years of job growth, with a gain of approximately 5,000 jobs between 2005 and 2006. Although wages in both the manufacturing and health care and social assistance sectors have increased, annual wages among manufacturing workers were, on average, 19 percent higher than the statewide annual average whereas annual wages among health care and social assistance sectors were 22 percent below the state average.

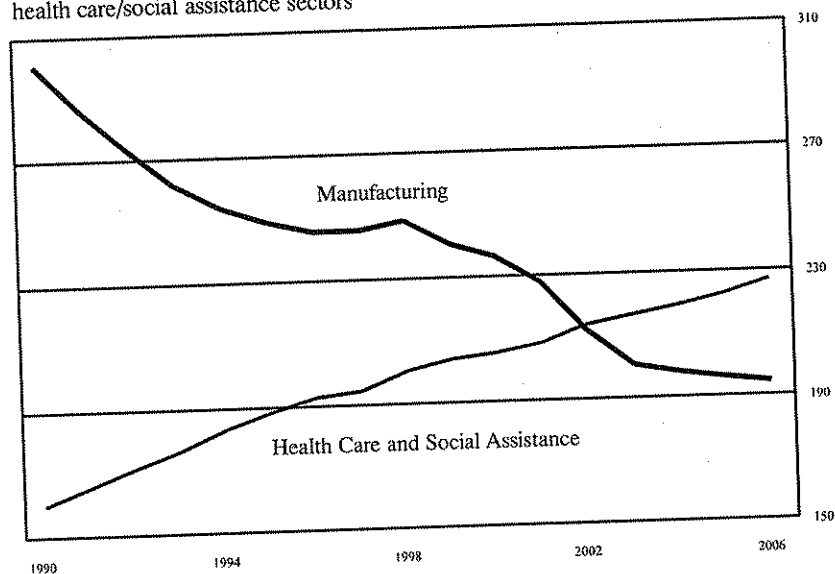
Similarly, the accommodation and food services industry grew by 3,000 jobs but employees in the sector, on average, earn 69 percent less than the state average and 74 percent less than employees in the manufacturing sector.

As trends in the relative number of employees in these occupational categories continue to shift, so too will the distribution of income. Despite growing wages in the manufacturing sector, the number of people employed by this sector continues to decrease. These losses appear to be offset by increases in the number of individuals employed in less well-paid sectors, such

as health care and social assistance and accommodation and food services. In an era of increasing financial instability and changing labor markets, these shifts suggest that workers in the state of Connecticut will face ever greater economic challenges.

Job loss/growth for two sectors

Number of jobs (in thousands): manufacturing and health care/social assistance sectors

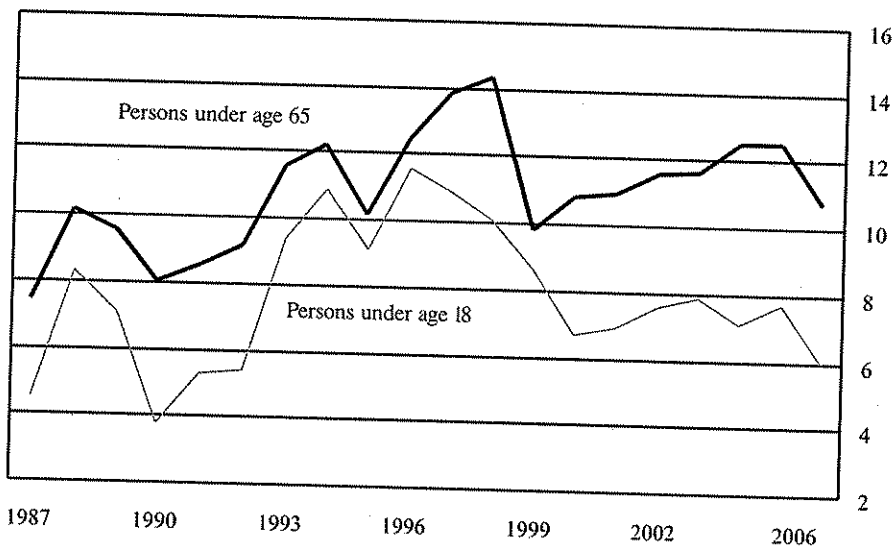


Source: U.S. Department of Labor, Bureau of Labor Statistics

Health Care

- The percentage of Connecticut's non-elderly population with no private or public health insurance coverage, declined between 2005 and 2006, from 12.5 to 10.7 percent.
- The percentage of children without public or private health care coverage, including HUSKY, also declined between 2005 and 2006, from 7.7 to 6.0 percent.
- The proportion of personal income spent on health in 2005 was 14.5 percent, the highest since the series began in 1991.

Persons without private or public health insurance coverage
Percent of population under 65 and under 18



Source: U.S. Bureau of the Census, Current Population Survey

Concerns over access to health care have been at the forefront of national concerns and politics for over a decade, especially as health costs rose. In Connecticut, these two issues, access and cost, continue to be a concern.

Lack of health insurance, including both private and public insurance, is often a significant barrier to appropriate medical care. In Connecticut, the percentage of the population without any type of health insurance was 10.7. However

since 1987, the first year in which the U.S. Census Bureau collected data on health insurance coverage, the percentage of persons in Connecticut without health insurance coverage has risen 45 percent. The percentage of children under the age of 18 without any type of health insurance has followed a similar pattern and in 2006 stood at 6.0 percent. This figure represents a 30 percent increase since 1987.

An additional burden faced by citizens of the state is the cost of health care. Measured as the proportion of personal income that is spent on health care, health care costs have increased every year since 2000. In 2006, 14.4 percent of per capita personal income was spent on health care in Connecticut, just below the 2005 level (14.5 percent) which represented the highest level of spending since 1991.

Risky health behaviors are also related to health care costs and service utilization. In

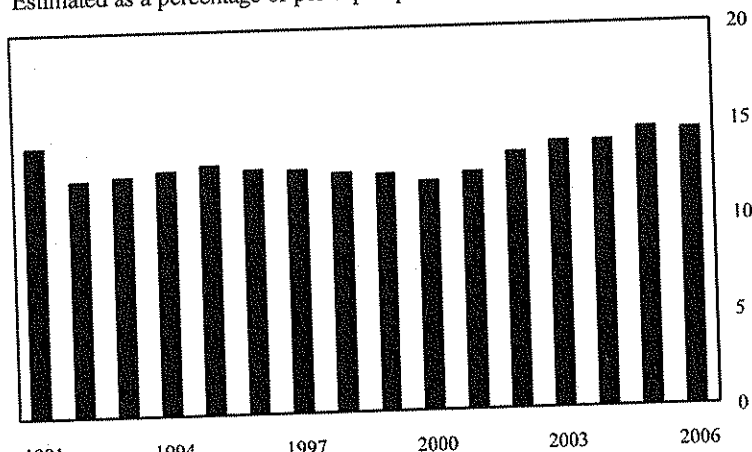
2006, 17.0 percent of persons in Connecticut under the age of 18 reported current smoking of cigarettes. This represents a six percent decrease from the percentage in 2004 (18.1 percent) and is the second lowest percentage in the previous decade. Examining smoking percentages by age reveals that the largest drop occurred among people ages 18 to 24. In 2004, 31.2 percent of this age group reported current smoking behavior, whereas in 2006, 25.1 percent reported smoking, a 20 percent decrease.

A major public health concern, both in Connecticut and nationwide, is the prevalence of overweight (body mass index between 25.0 and 29.9) and obesity (body mass index at or above 30.0). In 2006, 38.2 percent of persons over age 18 were overweight and an additional 20.6 percent were obese. These figures represent increases of 16 and 65 percent since 1995

for overweight and obesity. Lack of physical activity is one contributing factor to high rates of obesity. Only 31 percent of persons over the age of 18 reported 20 or more minutes of intense physical activity at least three times a week in 2005, the most recent year that data is available.

Health costs

Estimated as a percentage of per capita personal income



Source: U.S. Centers for Medicare and Medicaid Services;
U.S. Department of Commerce

Another factor influencing health care costs and needs for services is the prevalence of HIV/AIDS cases in a population. According to the state's HIV/AIDS Surveillance Program, in 2006, 10,171 people in Connecticut were living with AIDS or HIV. In the decade between 1996 and 2006, the number of AIDS cases in Connecticut grew 51 percent.

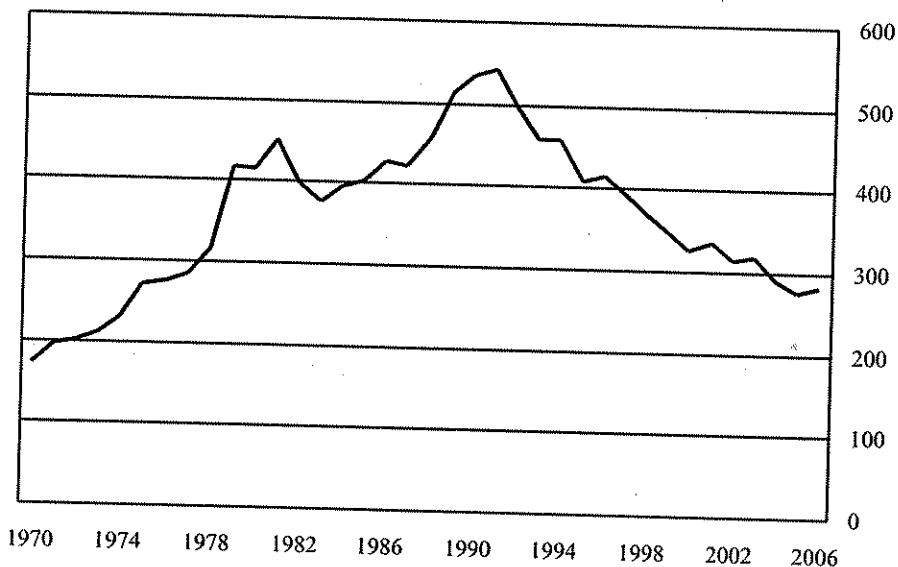
Increases in risky behaviors suggest that health care utilization will increase in the future. As health care costs and the number of individuals without health care insurance increase, more and more citizens will be faced with difficult decisions about whom to seek, and how to pay, for care. As such, public health officials and policymakers should continue to monitor trends in these indicators of health.

Violent Crime

- Violent crime in Connecticut increased dramatically during the mid to late-1970s and again in the mid to late-1980s, peaking in 1991. Steady decreases have followed and continued through 2005.
- The violent crime rate in Connecticut increased in 2006 for the first time since 2003.
- The number of hate crimes also increased by 28 percent between 2005 and 2006.

Violent crime

Violent crimes per 100,000 population



Source: Federal Bureau of Investigation

During much of the 1990s violent crime decreased across the country and Connecticut was no exception. The violent crime rate, which includes the offenses of murder, rape, robbery, and aggravated assault, has declined for most of the past 15 years.

In 2006, the rate of violent crime in Connecticut worsened for the first time since 2003. Overall, the 2006 rate of 280.8 violent crimes per 100,000 population is an improvement of 48 percent from the highest rate seen in 1991 (539.7). With the exception of 2005, the violent crime rate in

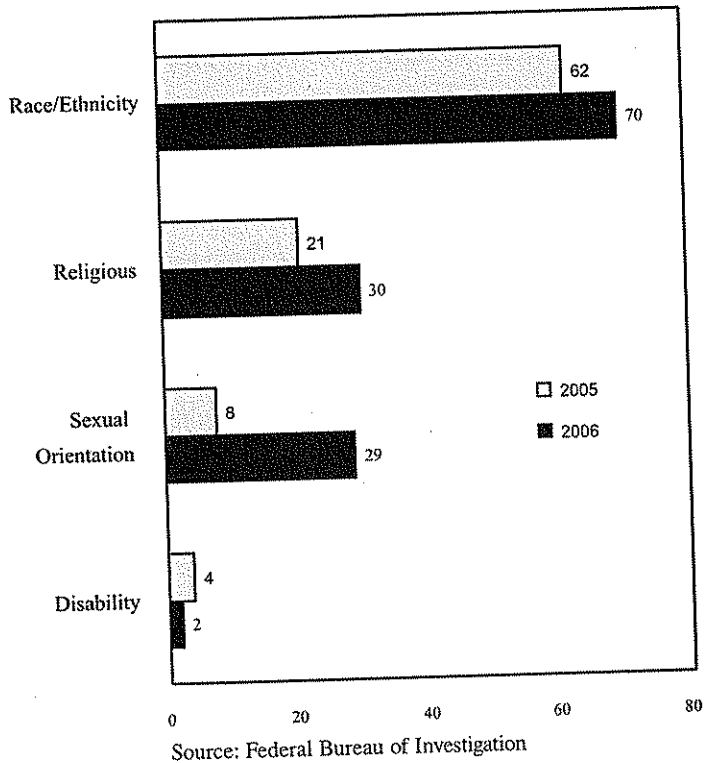
Connecticut has not been this low since 1976.

Murders in the state increased to 108 in 2006, up from 105 in the previous year. This is still well below the peak of 214 murders which occurred in 1994. The majority of murders (58 percent) committed in 2006 involved a firearm, typically a handgun. In terms of other violent crimes, between 2005 and 2006, the rates of both robbery (8 percent) and assault (1 percent) increased; however, the rate of rape declined by 11 percent.

Hate crimes, those motivated by bias with respect to race/ethnicity, religion, sexual orientation, and disability, have fluctuated over the past 10 years. The fewest hate crimes, 141, was reported in 2005 whereas the most, 221, was reported in 2001. Hate crimes

Hate crime provocation

Number of hate crimes by reason of provocation, 2005, 2006



increased by 28 percent between 2005 and 2006 to 180 hate crimes. Those motivated by a racial or ethnic bias accounted for over half (53 percent) of the total number. An additional 23 percent were motivated by religious bias and 22 percent were motivated by sexual orientation bias. The increase in crimes motivated by hate is a potential warning sign for the state and should be carefully monitored in the years to come.

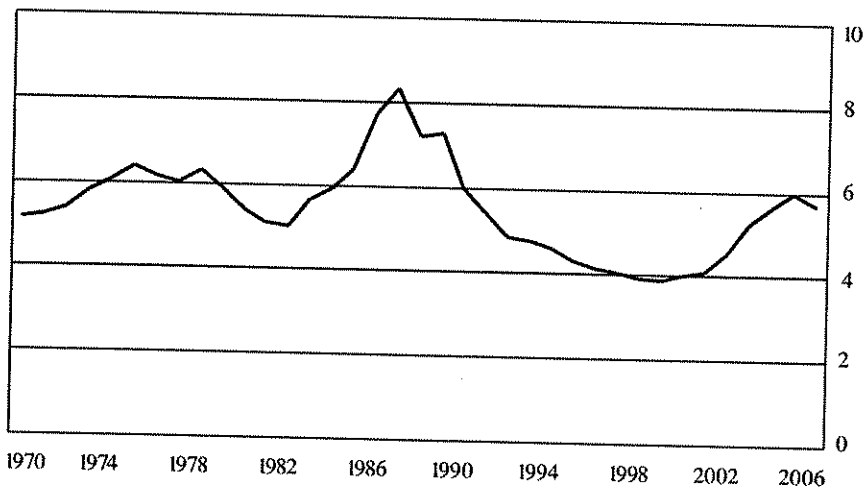
Violent crime, on average, continues to decline in Connecticut and the violent crime rate in 2006 was near a 30-year low. However, simply because long-term trends indicate declines in criminal behavior does not mean that vigilant surveillance of crime and crime-producing social conditions should be abandoned. Recent increases in murder, robbery, and assault rates, as well as hate crimes, should alert policy makers and citizens to the fact that crime should be continuously monitored.

Affordable Housing

- The cost burden for single-family housing in Connecticut rose sharply in the 1980s, followed by a decline in the 1990s. However, costs again increased steadily since 2000.
- In 2006, a single-family home cost 56 times the state per capita personal income, representing the first decline since 1999.
- The high cost of housing in Connecticut places it in the top ten most expensive states in the U.S.

Housing costs in relation to income

Estimated median sale price, single-family home, as a multiple of per capita personal income



Source: The Warren Group

Housing affordability is a major contributing factor to the social well-being of any community. When housing costs are out-of-sync with personal income, residents may have to neglect other areas of well-being to pay for acceptable housing. This often results in forfeited health care, food, transportation, child care, or other necessary goods and services.

In Connecticut, affordable housing is a real concern. Throughout most of the 1980s, housing costs, measured as a multiple of per capita personal income, increased, peaking in 1987. In this year, housing costs were more than eight times the per capita personal income in the state. The 1990s produced more affordable housing for Connecticut citizens. In 1999 the relative cost burden for a single-family home dropped to a record low of 3.9.

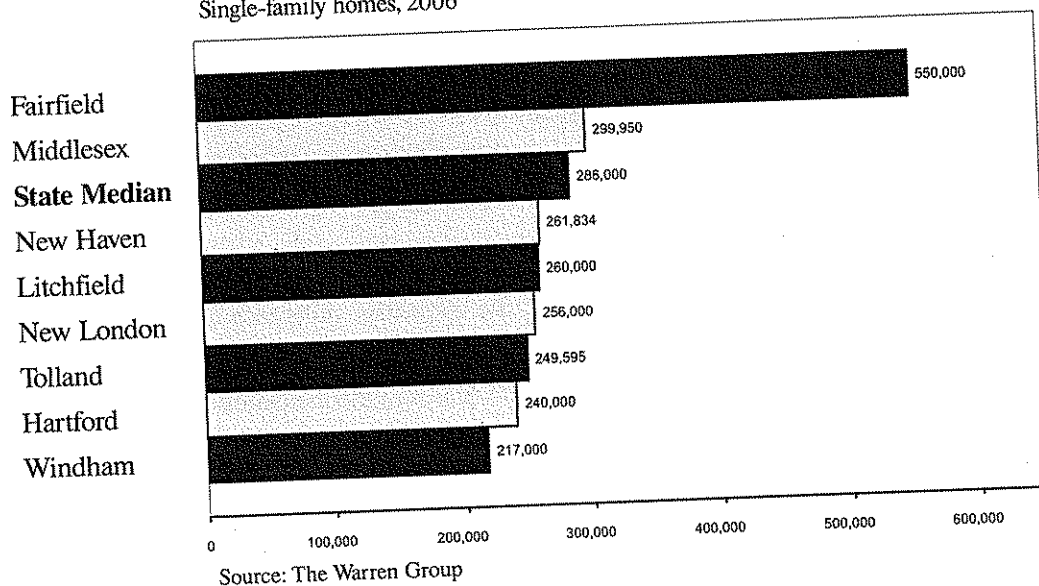
However, since 1999, housing costs have once again been on the rise. In 2005, the housing burden increased for the sixth straight year, rising to 5.9. But in 2006 the housing burden in Connecticut actually fell, to 5.6, the first time this indicator of well-being has declined since 1999.

Connecticut housing costs vary greatly by location. In 2006 two counties had higher median sale prices for new single-family homes than the state average of \$286,000. The

median sale price in Fairfield County was \$550,000, some 92 percent higher than the state average. In Middlesex County the median sale price was \$299,950. The remaining six counties all had median prices below the state average, with Windham County reporting the lowest median price at \$217,000.

The rental market in Connecticut is also one of the most expensive in the country. Connecticut has the sixth least affordable rental housing market among the 50 states. Rental housing in Stamford-Norwalk is now the least affordable of any metropolitan area in the country, with San Francisco following closely. In 2006, the fair market monthly rent for a one-bedroom apartment in Connecticut was \$876 a month and for a two-bedroom apartment monthly rent averaged \$1,062. In order to afford a two-bedroom unit a full-time worker in Connecticut would have to earn \$2042 per hour, more than 280 percent of the state's minimum wage of \$7.10 per hour. Because more than 430,000 households rent their housing, representing roughly one-third of all households in Connecticut, consistent monitoring of the affordability of the rental market is an important task for the state.

Median housing price by county
Single-family homes, 2006



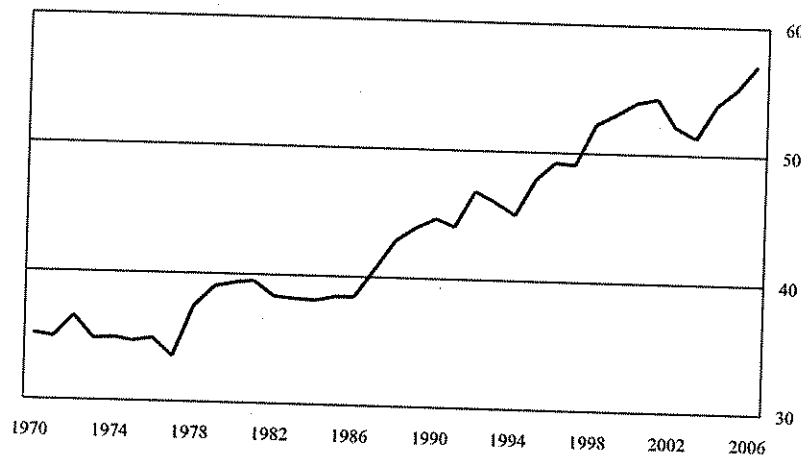
Despite a recent drop in the per capita cost of housing, Connecticut remains one of the most expensive states in which to find a place to live. Coupled with what many in the popular media call a "Mortgage Crisis," increasing rental prices and median single-family home prices suggest that individuals and families may struggle to find affordable housing. When financial resources are limited, other elements of daily life may be sacrificed, leading to declining levels of overall well-being. It is therefore necessary to continue to monitor the availability of affordable housing for Connecticut's citizens.

Income Variation

- Disparities in income in Connecticut grew steadily from 1980 to 2000 and again from 2003 to 2006.
- In 2006, the distance between the income of the state's highest income county and its lowest income county increased for the third year in a row and represents the largest gap since 1970.
- The state's population living below the poverty level improved from the previous year, dropping from 9.3 percent in 2005 to 8.0 percent in 2006.

Income variation

Percentage of difference in median per capita income between counties with the highest and lowest values



Source: U.S. Department of Commerce

Increasing inequality, defined here as the gap between the rich and the poor (or the percentage of difference in median per capita income between the two counties with the highest and lowest values), is a continuing national phenomenon.

Throughout the 1990s the incomes of the wealthiest households rose steadily while the incomes of the least well-off households stagnated or in some cases declined.

In Connecticut, inequality, measured as the percentage difference in per capita

income between the richest and poorest counties, grew steadily between 1994 and 2001 but declined in 2002 and again in 2003. By 2004, however, the inequality gap had increased once again and continued to increase through 2006.

This year, the income gap increased again, representing a worsening of 62 percent since 1970. For the ninth year in a row, the per capita income of the poorest county was less than half the per capita income of the richest county and this gap reached a record high in 2006. The richest county in the state, Fairfield, has consistently had the highest per capita personal income over time. In 2006, the lowest income county, Windham, had a per capita personal income that was 43.1 percent of Fairfield's level, down from 44.8 percent the previous year. This stands in sharp contrast to the 1970s when Windham's income averaged nearly two-thirds that of Fairfield's.

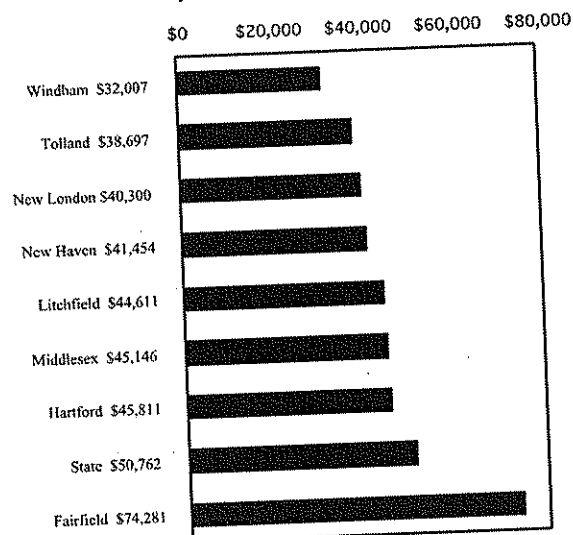
Fairfield County's per capita personal income of \$74,281 was at least \$25,000 higher than any other county in the state. Overall, in 2006, the state of Connecticut had the highest per capita income of all the states in the U.S. In 2006, Fairfield County's per capita income ranked sixth out of 3,111 counties in the United States. As in previous years, Fairfield was the only Connecticut county with a per capita personal income above the state average of \$50,762. Hartford County had the next highest per capita income at \$45,811 while Windham County had the lowest at \$32,007. The long-term trend in per capita income disparity is indicative of the persistent geographic inequality found in the state.

Between 2005 and 2006, per capita personal income in Connecticut grew five percent. However, counties with the lowest incomes saw restrained growth. Middlesex and Tolland counties experienced 3.8 percent growth while Windham experienced 36 percent growth. These county-level differences in per capita personal income contribute to continuing inequality in Connecticut.

The poverty rate in Connecticut improved, decreasing from 9.3 percent in 2005 to 8.0 percent in 2006. The 2006 rate is actually lower than the poverty rate in four of the previous five years. The poverty rate for children under the age of 18 declined from 12.4 percent in 2005 to 10.3 percent in 2006 and has not been this low since 2003. The poverty rate for female-headed households with children declined from 35.0 percent in 2005 to 24.8 percent in 2006, although this rate is still three times the overall poverty rate in the state.

Income inequality is not unique to the state of Connecticut. It remains a concern because historical trends indicate increasing rates of inequality, with 2006 levels showing the largest gap since 1970. Poverty rates did show improvements in 2006 but more than ten percent of Connecticut's children and one-quarter of female-headed households still live in poverty. Income inequality and child poverty should continue to be a focus of policy makers.

Per capita personal income
By county, 2006



Source: U.S. Department of Commerce

Part IV

A Summary Review: Current Social Indicators in Historical Context

In order to evaluate social health, we need to develop a set of standards against which current social performances can be judged. One useful approach is to compare the current performance of each indicator with its best performance in the past. Using the best performance as a standard does not necessarily point to where we want the indicator to be in an ideal world or where our values suggest that it should be. But it does offer a reasonable standard for current performance. Past achievement provides a benchmark against which to evaluate current performance and begin to assess future potential.

The following table lists current values, best values, and worst values for each of the eleven indicators that comprise the Connecticut Index of Social Health. Many of the indicators have reached their historical best since 2000, and three indicators—high school dropouts, teenage births and average weekly wages—are at or very close to the best that they have ever been since 1970. Many indicators saw their worst performances during the late 1970s and early 1980s, when the overall Index was also at a low point. One indicator—income variation—reached its historical worst in 2006.

Historical View of Social Health Index Indicators, 1970-2006
Current, Best, and Worst Values

	Current		Best		Worst
	Value	Year	Value	Year	Value
Infant Mortality	6.1	2003	54	1970	172
Child Abuse	51.7	1977	104	2002	63.7
Youth Suicide	70	1972	51	1994	11.8
High School Dropouts	6.6	2006	6.6	1980	25.3
Teenage Births	23.5	2006	23.5	1970	44.1
Unemployment	4.4	2000	2.3	1976	9.5
Average Weekly Wages	7239	1994	725.5	1970	365.1
No Health Care	10.7	1987	74	1998	14.3
Violent Crime	2808	1970	1704	1991	539.7
Affordable Housing	56	1999	39	1987	8.3
Income Variation	56.9	1977	334	2006	56.9

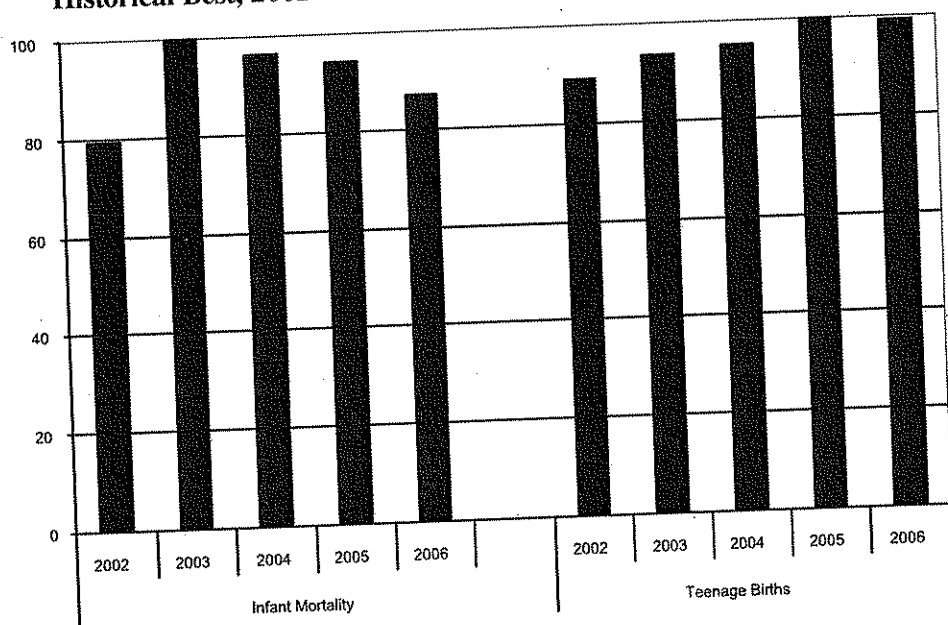
Five-Year Comparison, 2002 – 2006

Although comparing best and worst performance within each indicator series is useful, it does not allow us to compare indicators with each other. To do so, we must transform actual indicator values into a new scale—the percentage of best performance. These percentages can then be compared across indicators and over time.

The following graphs show the most recent five years of performance (as a percentage) for each indicator on a continuum between its worst and best recorded levels since 1970. A score of 100 means that the indicator is at its historical best. Scores below 100 mean that the indicator is underperforming compared to its historical best. Because there is no lower bound to how poorly an indicator can perform, these values can fall below zero. A value below zero means that an indicator is at least twice as high (or low, depending on the indicator) as its historical best (see Appendix B for a detailed description of the index methodology).

Among the 11 indicators that comprise the Connecticut Index of Social Health, two have shown consistently strong performance between 2002 and 2006, remaining at or near their highest historical levels—infant mortality and teenage births.

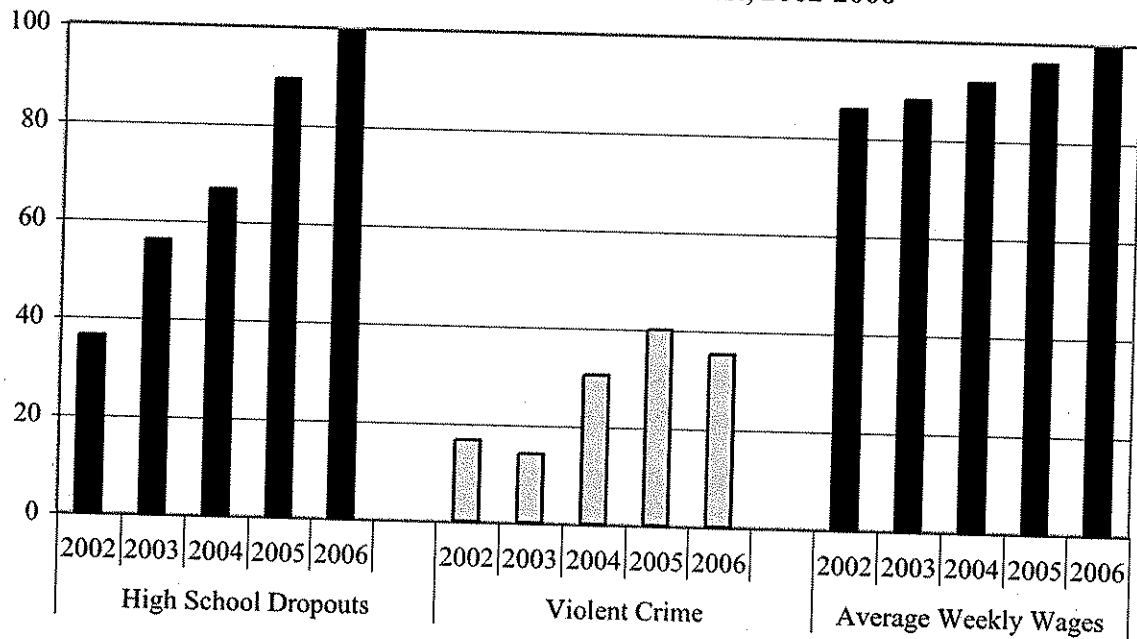
Consistently Strong Performance Compared to Historical Best, 2002-2006



In addition, over the past five years, three indicators have shown improvement, inching closer to their historical best—high school dropouts, violent crime, and average weekly wages.

It is important to remember that although these indicators are performing well in relation to some historical period, they are not necessarily the best that they could be. Clearly, having no youths drop out of high school and no violent crime is preferable to simply noting improvement. These trends are certainly encouraging, but must be viewed with the larger picture in mind. There is still work to do to improve these indicators.

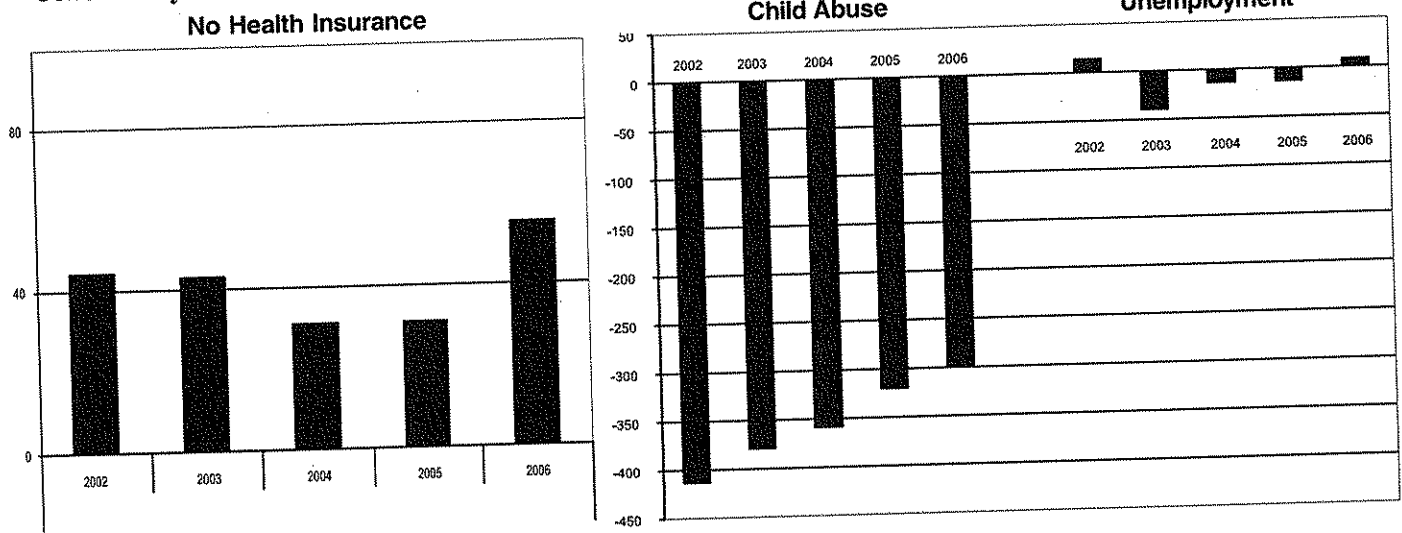
Improving Performance Compared to Historical Best, 2002-2006



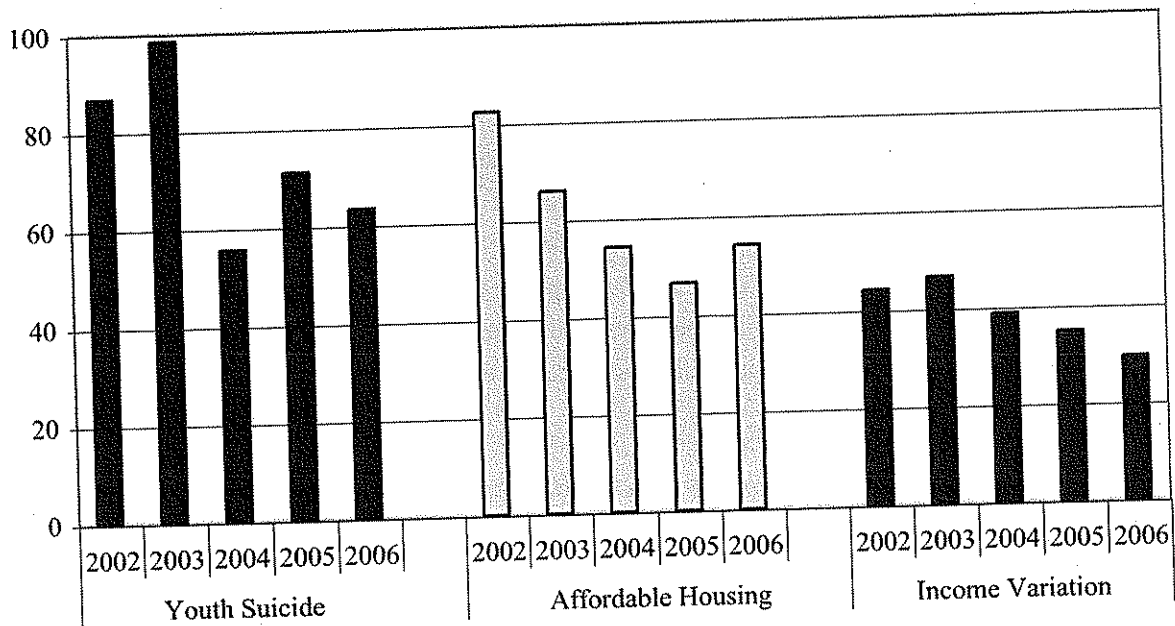
Unfortunately, not all indicators have been improving. Three indicators have shown consistently weak performance, based on their historical best—child abuse, unemployment, and no health insurance. These indicators have remained well below their best performance levels for the past five years. In fact, child abuse report rates have been well above twice the historically lowest reported rate. Similarly, between 2002 and 2004, unemployment rates were over twice as high as their lowest historical rate.

Finally, three indicators—youth suicide, affordable housing, and income variation—have all shown worsening performance compared to their historical bests, declining between 2002 and 2006.

Consistently Weak Performance Based on Historical Best, 2002-2006



Declining Performance Based on Historical Best, 2002-2006



SPECIAL SECTION

Part V

Young People and the Law: A Brief Overview and Three-Year Comparision

Each year, *The Social State of Connecticut* includes a special section that examines a particular topic of interest to the Connecticut community. This year, as well as in the 2005 edition of *The Social State of Connecticut*, the special section focuses on young people and the law. By repeating this special section we are able to assess changes in these indicators since the most recent report. These changes are especially relevant given the recent importance placed on this issue by residents and public officials.

Purpose of this section: Our intent, in what is now the second look at the issue, is to continue to examine trends in the major ways that children and young people interact with the law and to present this material in a way that is helpful to the public.

Scope of this section: The section presents social indicators for some of the most important phases of young people's involvement with the law: arrest, juvenile court referrals, juvenile court outcomes, detention, and incarceration. It is not intended to be a comprehensive set of indicators or a policy review but nonetheless will provide a broad overview of the issue that can be used to inform policy decisions as well as suggest specific areas that require more intense examination.

Age groups covered: The majority of the tables presented in this section provide data on children under the age of 16. In Connecticut, the law distinguishes between "children," defined as persons under the age of 16, and "youth," who are 16 and 17 years old. Connecticut is one of only three states in the country that sets the juvenile court age-limit at 16, while most states set it at 17 or 18. For youths who are ages 16 or 17, who commit only status offenses, such as truancy or running away from home, the Youth in Crisis law enacted in 2000, and implemented in 2001 and 2002, places them under the jurisdiction of the juvenile court system. Youth under the age of 16 who commit status offenses are considered Families with Service Needs (FWSN). As of October 1, 2007, FWSN youths could no longer be charged with a

delinquent offense, adjudicated in a juvenile court, or placed in a secure facility for violation of a court order. The intent of the act is to rehabilitate, rather than punish, these status offenders and to recognize that status offenders are different from delinquents. Status offenses almost always are a symptom of a larger, family-related problem.

In some cases, in order to present comparative data or to provide more information we have included additional statistics that include young people up to the age of 18. It is also important to keep in mind that as of January 1, 2010, Connecticut will remove youth ages 16 and 17 from the adult court system and place them in the juvenile justice system. Only the most serious, violent offenders will remain in the adult system. This change will increase the number of youth who will receive rehabilitative services in the juvenile justice system. As such, it is important to pay attention to those statistics that involve this older group of young people.

The progressive changes in laws that affect both status offending and delinquent offenders reflect Connecticut's commitment to treating young people in developmentally appropriate ways. The aim of the system is to hold youth accountable while addressing the underlying causes for the inappropriate behavior, thereby increasing the chances that the youth will be successful and avoid long-term system involvement.

Overall trends: This overview shows that trends of juvenile arrests for all crimes are down. However, the most recent data suggest that youth violent crime arrest rates are higher than they have been during the past five years, especially those for aggravated assault and robbery. Yet it is important to keep in mind that violent crime represents only a very small percentage of all juvenile criminal activity—approximately six percent. In contrast, the most recent data available indicate a decline in the number of young people who are referred to juvenile court for either a delinquency case or a status offense. Total detention admissions have similarly decreased, reflecting Connecticut's commitment to rehabilitation, rather than punishment, of juvenile offenders.

Acknowledgments

We would like to thank The Tow Foundation which supported the research reported in this special section. We also thank the William Caspar Graustein Memorial Fund and the Connecticut Commission on Children for continuing to encourage this effort.

We are especially grateful to the following individuals who provided essential information, consultation, and special calculations as we prepared this section:

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Young People and Law

A number of important changes and reforms to the juvenile justice system in the state of Connecticut have begun to be implemented, and will continue to take effect in the years to come. These changes will affect not only the justice system, but also families, schools, and mental health facilities. This section briefly describes some of these changes.

Recent Changes in the Law

Connecticut has made several major reforms in the way it deals with troubled young people. In Public Act 05-250, An Act Concerning Children of Families with Service Needs, the Connecticut General Assembly decriminalized violations of Family with Services Needs (FWSN) orders, thus eliminating the use of secure detention for status offenders. This law was further implemented in Public Act 07-4 (June Special Session), which created a new procedure for diverting most status offenders out of court and into intensive community-based programming. Family Support Centers were established in four areas of the state. These reforms went into full effect in October 2007. To date, the legislature has not provided funding to establish Family Support Centers to cover the rest of the state, leaving several remote and rural areas without access to services.

P.A. 07-4 (June Special Session) also included exciting reforms for children accused of criminal offenses. Connecticut has been one of only three states to treat all 16- and 17-year-olds as adults. The treatment, services, and protections in the juvenile court have been unavailable to these young people. They are charged as adults, no matter what the crime, and face the possibility of incarceration in adult correctional facilities and permanent criminal records. After several years of research, advocacy, and debate, Connecticut's age of original juvenile court jurisdiction will extend to all young people under age 18 beginning January 1, 2010. As a result, only the most serious and violent offenders under the age of 18 will go to adult court. In anticipation of this major policy shift, the legislature established the Juvenile Jurisdiction Policy and Operations Coordinating Council (JJPOCC) to oversee the implementation of the age change. This group, which includes state agency stakeholders, advocacy groups, and parents, meets regularly to make recommendations to the legislature and the affected agencies.

Impact of Mental Health Issues on Juvenile Justice Involvement

As schools struggle to meet performance goals, municipalities deal with budget and service cuts and families struggle to find affordable health insurance, the juvenile justice system often becomes the most efficient provider of mental health services for young people. It is increasingly difficult for families to find counseling, therapy or even evaluators to help them deal with a child with behavioral or mental health issues. There are long waiting lists, insurance issues, or simply no available services. Often a police officer responding to a crisis in a home will recommend that a parent have the child arrested to "get them help." As a result of the settlement decrees in *Emily J. v. Rowland*, the availability and quality of mental health services to children in the state detention centers has dramatically improved. This has led to improved evaluations, better access to medication, and a comprehensive system of evidence-based programs for delinquent youth.

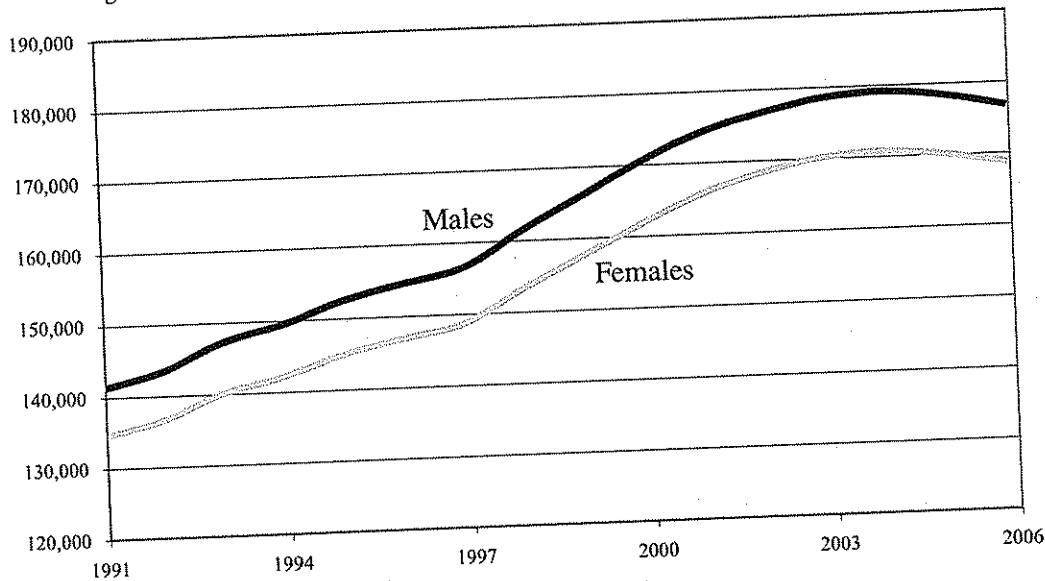
**Special thanks to Christine Rapillo for her assistance with this section.*

YOUNG PEOPLE AND THE LAW

Population Statistics

Before we take a look at specific trends in the juvenile justice system it is helpful to contextualize the numbers and rates that will follow. To do so, we briefly examine population trends in youths under the age of 18 in the state of Connecticut from the early 1990s to 2006. Two groups of youths are depicted: those ages 10 to 16 and those who are 17. Each trend is also differentiated for males and females, although gender disparity is roughly evenly split over time.

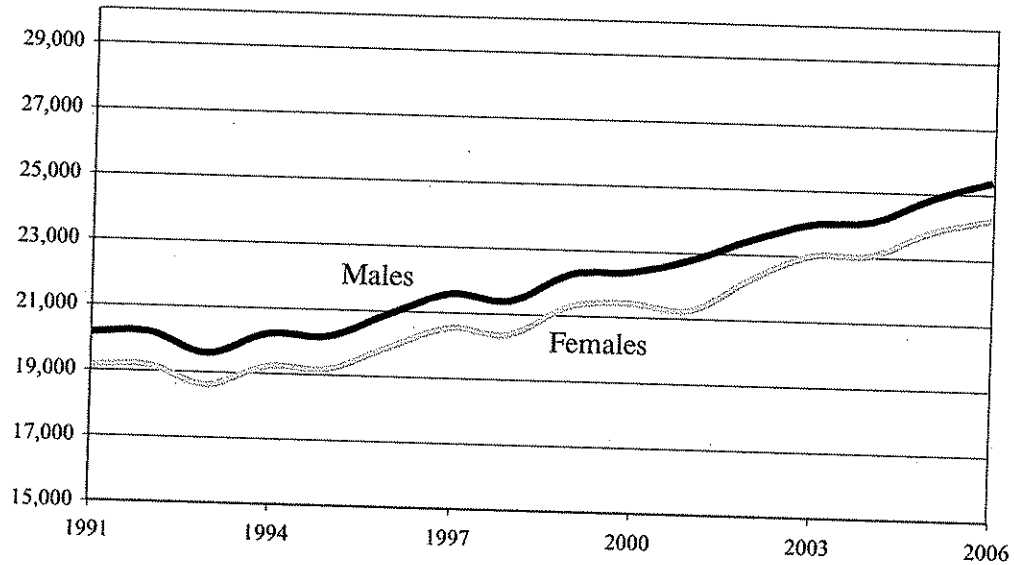
Connecticut Population by Age and Sex
Ages 10-16



Source: Office of Juvenile Justice and Delinquency Prevention

Unlike the trends for ages 10 to 16, the number of 17-year-olds in Connecticut steadily increased from 1993 through 2006, and this increase occurred at roughly the same rate for both males and females. In 2006, there were roughly 25,000 male and 24,000 female 17-year-olds residing in the state of Connecticut.

Connecticut Population by Age and Sex Age 17



Source: Office of Juvenile Justice and Delinquency Prevention

These trends should be kept in mind when viewing the rest of this special section on the juvenile justice system. Increases in the population of youths means that there are simply more youths available to interact with the juvenile justice system. However, increases in the overall youth population do not necessarily correspond with an increase in the rate of crimes committed by these young people.

From 1991 to 2004, the number of youths ages 10 to 16 increased steadily, peaking at about 179,000 males and 170,000 females. These numbers have declined since 2004, and in 2006 there were roughly 176,000 males and 168,000 females in this age range living in Connecticut.

YOUNG PEOPLE AND THE LAW

Arrests – All Crimes

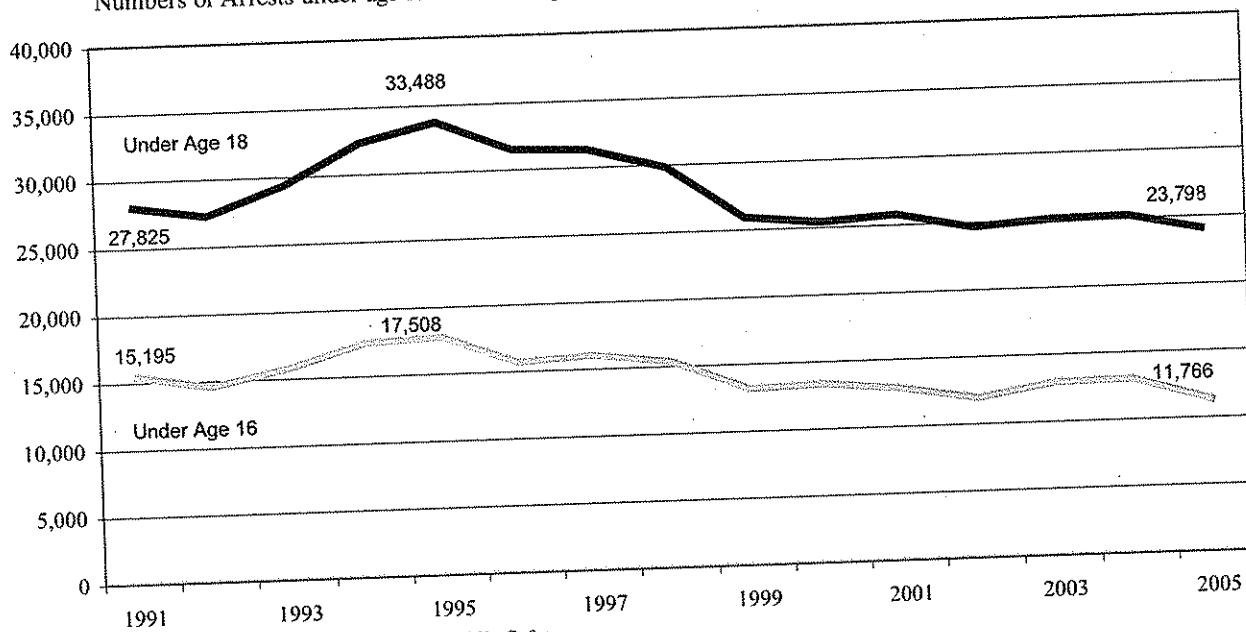
A logical starting point in assessing young people's interactions with the law is the number of arrests. The figures below detail how much crime by young people there has been in Connecticut and the degree to which that has changed over time.

The number of total arrests among children under the age of 16 has declined appreciably over the past decade, with the most dramatic decline occurring from the mid-1990s to 1999. Since 2000, the number of arrests has remained relatively stable and in 2005, the most recent year for which data are available, the number of arrests among children under the age of 16 in Connecticut stood at 11,766. This represents a 33 percent drop from the arrest peak in 1995, during which 17,508 arrests occurred. A second trend line in the figure below adds 16-and 17-year-olds who were also arrested in Connecticut from 1991 to 2005. Trends in the overall group of youths under the age of 18 closely mirror those of youths under age 16. Arrests for the larger group also peaked in 1995 at 33,488 and in 2005 stood at 23,798, representing a 29 percent decrease.

Among the offenses that children and youths under the age of 16 were most likely to be

Arrests—All Crimes, by age

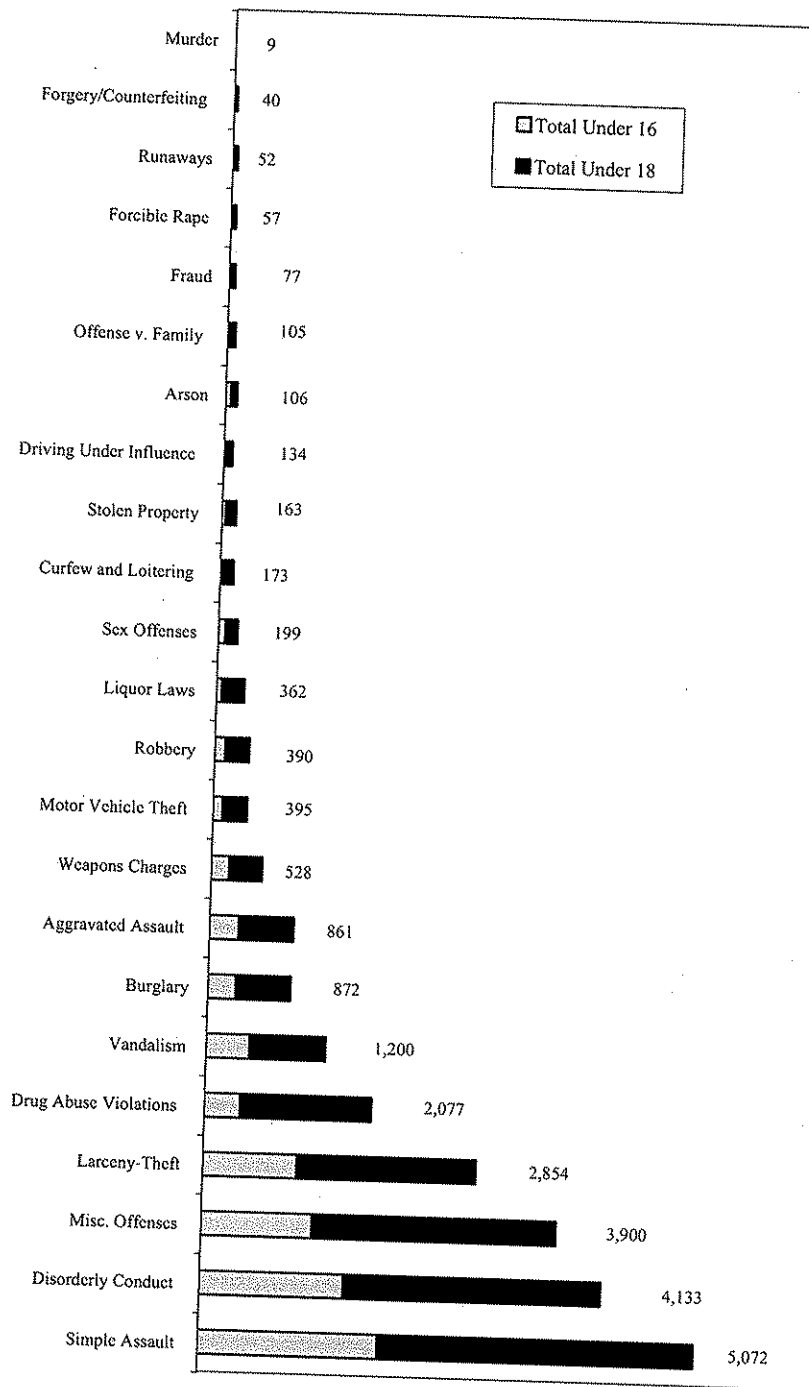
Numbers of Arrests under age 16 and under age 18



Source: Connecticut Department of Public Safety

Arrests by Type of Crime and Age

Number of Arrests under age 16 and under age 18, 2005



arrested for are simple assault, disorderly conduct, miscellaneous offenses, and larceny-theft. Together, these four crimes account for 71 percent of all arrests among youths under age 16 in 2005. Not surprisingly, when all youths under age 18 are included, these same four crimes are among those that youths are most likely to be arrested for committing. They account for 67 percent of all arrests among this larger group of youths. Arrests concerning violent crimes are far less common, accounting for just six percent of all juvenile arrests in 2005. Arrests for two of the most violent crimes, forcible rape and murder/homicide, are among the fewest among both children and youths under the age of 16 and of all youths under age 18.

YOUNG PEOPLE AND THE LAW

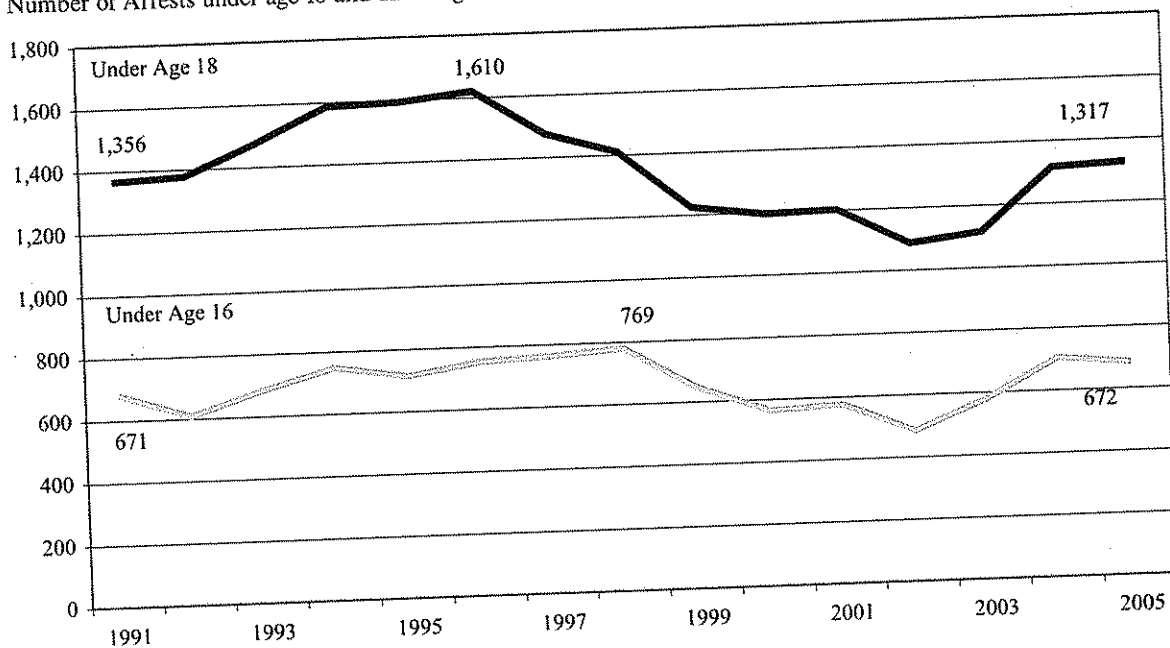
Arrests – Violent Crimes

As mentioned in the previous section, violent crimes represent a very small proportion of the offenses for which youths in Connecticut are arrested, just six percent of the total. These serious offenses include murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault. Violent crimes often lead to juvenile interaction with the adult justice system and are sometimes an indicator of a life-long criminal career.

Arrests for violent crimes have shown a similar decline as arrests for all crimes. Arrests among children and youths under the age of 16 increased from 1991 to 1998, when they peaked at 769. The number of arrests declined through 2002, when it reached a 12-year

Arrests –Violent Crime–By Age

Number of Arrests under age 16 and under age 18

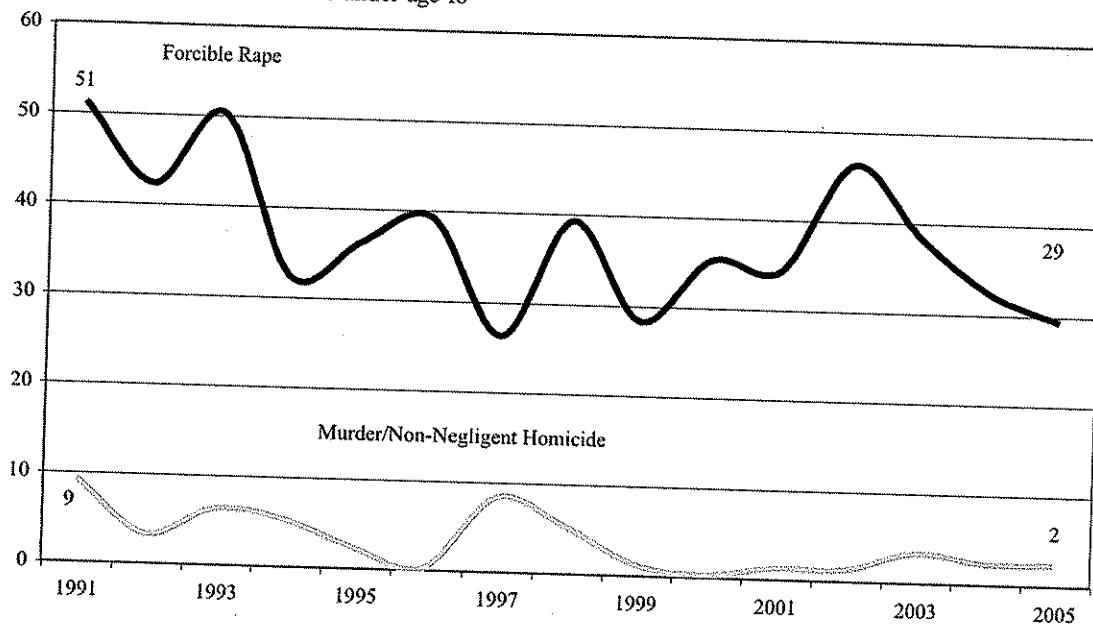


low at 475. From 2003 to 2004 the number of arrests for violent crimes increased from 570 to 695. However, in 2005, the number of arrests decreased to 672. The increase between 2003 and 2005 should be put in the proper context: the increase from 570 to 672 arrests for violent crimes during this two-year period represents a corresponding increase from 4.5 to 5.7 percent of all juvenile arrests. And it is also important to bear in mind that this increase represents a 12-month change and may, or may not, be indicative

of a longer trend. Trends for all children under age 18 are similar, peaking in 1996 at 1,610 and dropping to 1,077 in 2002. Certainly, continued monitoring of these statistics is

Arrests –Murder/Non-Negligent Homicide and Forcible Rape

Number of Arrests under age 16



Source: Connecticut Department of Public Safety

necessary to determine if recent increases will be short-lived or signal something much more long-term.

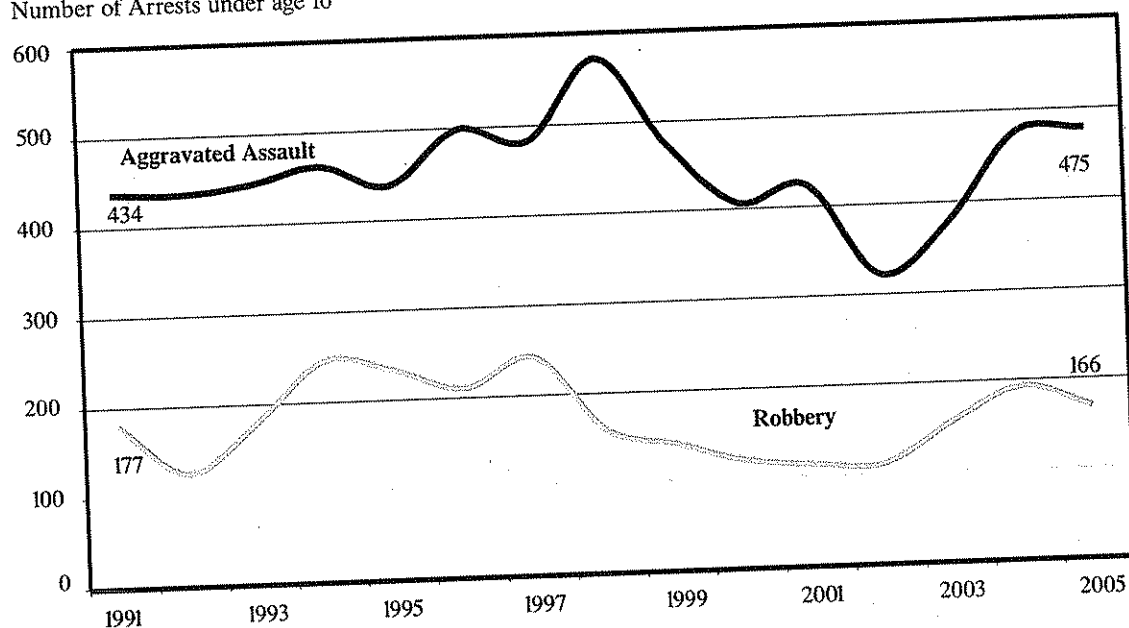
In contrast, aggravated assault and robbery are much more common among youths than murder and forcible rape. In 2005, there were 166 arrests for robbery but this figure is up from 154 in 2002. The number of arrests for robbery has not been this high since 1997. Similarly, the number of arrests for aggravated assault is up, from 375 in 2003 to 475 in 2005. Arrests for aggravated assault among youths under age 16 have not been this high since 1999, but still only represent roughly five percent of all arrests among these youths.

Murders perpetrated by children and youths under the age of 16 are a relatively rare phenomenon and have declined over time. In 2005, just two arrests were made among juveniles for murder. Similarly, forcible rape is rarely committed by youths under the age of 16, with only 29 arrests in 2005. This is down from a peak of 51 arrests in 1991.

Much of the violence that youth commit, and are thus exposed to, occurs in the context of education. School violence is a serious concern because it hinders a child's opportunity to learn in a safe environment. According to the Department of Education, during the 2005-2006 school year, there were 46,000 offenses in Connecticut's schools that resulted in suspension or expulsion. These suspensions and expulsions did not result from minor infractions such as skipping class or violating the school's dress code. An additional 106,000 of these less serious offenses occurred during the same academic year. Fighting accounted for more than half of the more serious in-school offenses (52.5 percent), followed by threats/intimidation/harassment (17.4 percent).

Arrests – Aggravated Assault and Robbery

Number of Arrests under age 16



Source: Connecticut Department of Public Safety

YOUNG PEOPLE AND THE LAW

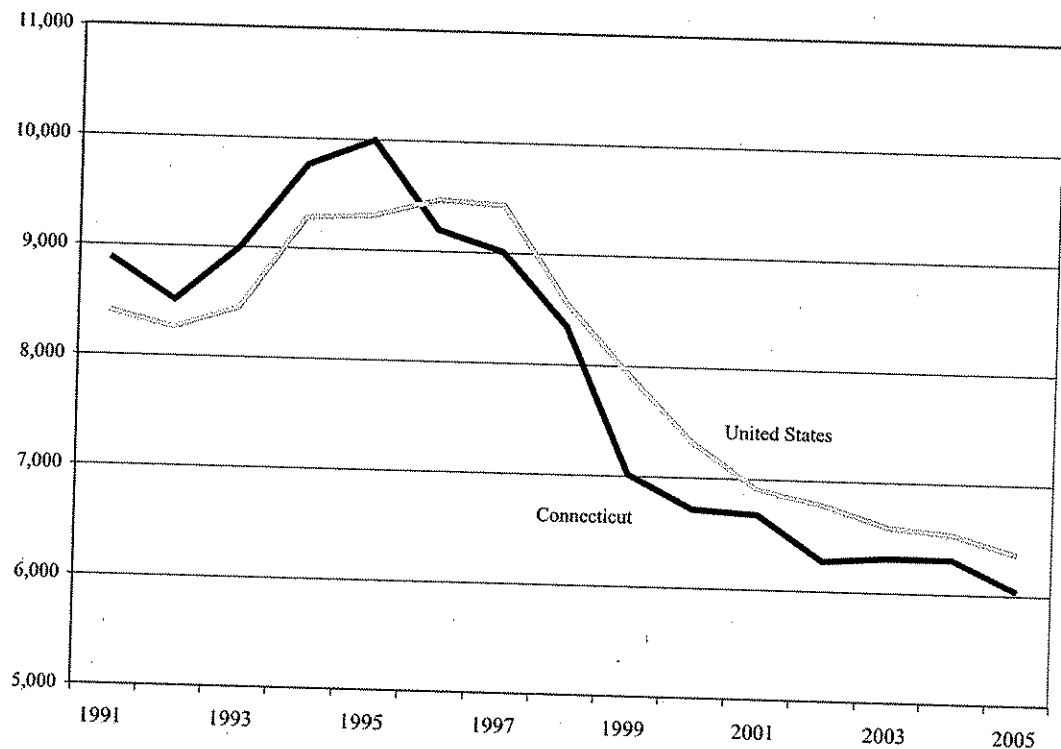
Arrest Rates – In Context

By comparing the rate of arrests among juveniles in Connecticut to those in the United States as a whole, as well as to other surrounding states in the Northeast, we can give a context for how Connecticut is doing. Because most other jurisdictions use 18 as the cutoff age for involvement in the juvenile justice system, we must use arrest statistics for ages 10 to 17 to make these comparisons.

The trend in Connecticut's arrest rates among youths under the age of 18 has mirrored that of the United States as a whole. Arrest rates peaked in mid-1990s, then declined sharply through 2005 (the most recent year for which data are available). Note, however, that Connecticut's rates peaked at a somewhat higher rate than that of the United States and peaked almost two years earlier. A cross-over occurred between 1995 and 1996 and Connecticut's rate has remained below that of the United States ever since. In 2005, the arrest rate per 100,000 youths ages 10 to 17 was 6,009 in Connecticut and 6,345 in the United States.

Arrest Rates – All Crimes, Connecticut and the United States

Arrests per 100,000, ages 10-17



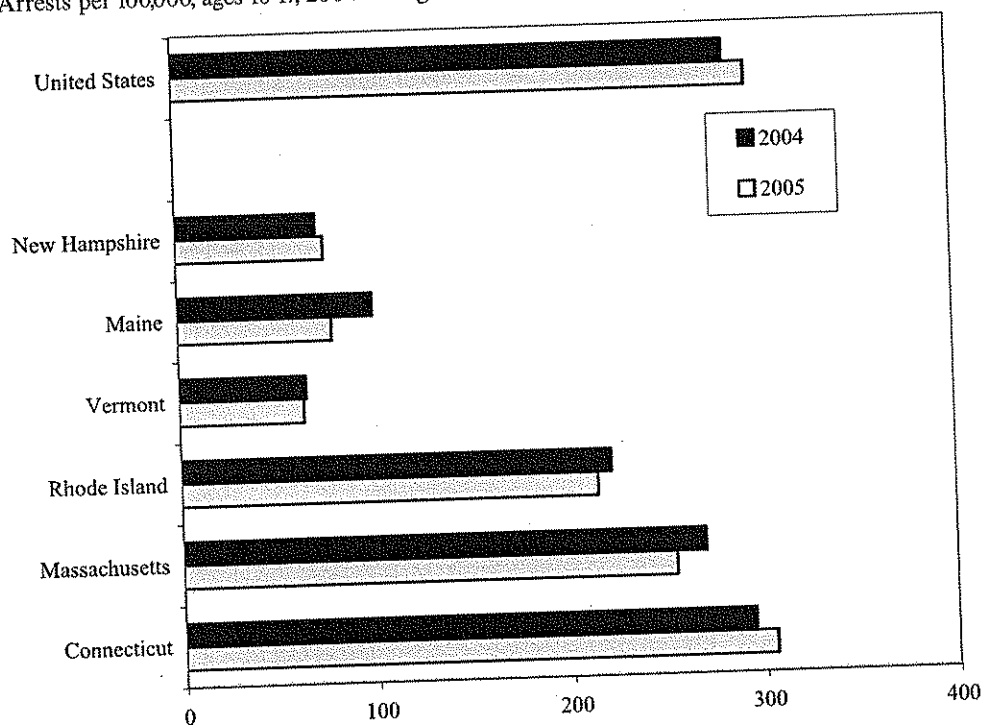
Source:
United States-
Office of Juvenile Justice
and Delinquency
Prevention;
Connecticut-
Connecticut Department
of Public Safety

The federal Office of Juvenile Justice and Delinquency Prevention publishes comparative state-level data on arrest rates for youths under the age of 18 for violent crimes, property crimes, drug abuse violations, and weapons charges. These data are based on reports to the Federal Bureau of Investigation (FBI) and are often based on less than complete information because not all municipalities within a state report their data to the FBI at the same time. In addition, juvenile behavior, police discretion, and community standards vary by jurisdiction. As such, state comparisons should be made with caution. Nonetheless, the information provided below gives some sense of Connecticut's standing among five other New England states as well as the nation as a whole. The figures below compare and contrast Connecticut to the United States as a whole as well as to the five other New England states—Massachusetts, Rhode Island, New Hampshire, Maine, and Vermont—for the years 2004 and 2005.

Between 2004 and 2005, the arrest rate for violent crime among 10 to 17-year-olds increased in the United States. A similar trend is apparent for New Hampshire, Vermont, Massachusetts, and Connecticut. By 2005, Connecticut had a slightly higher rate of arrest for violent crimes for this age group among the New England states.

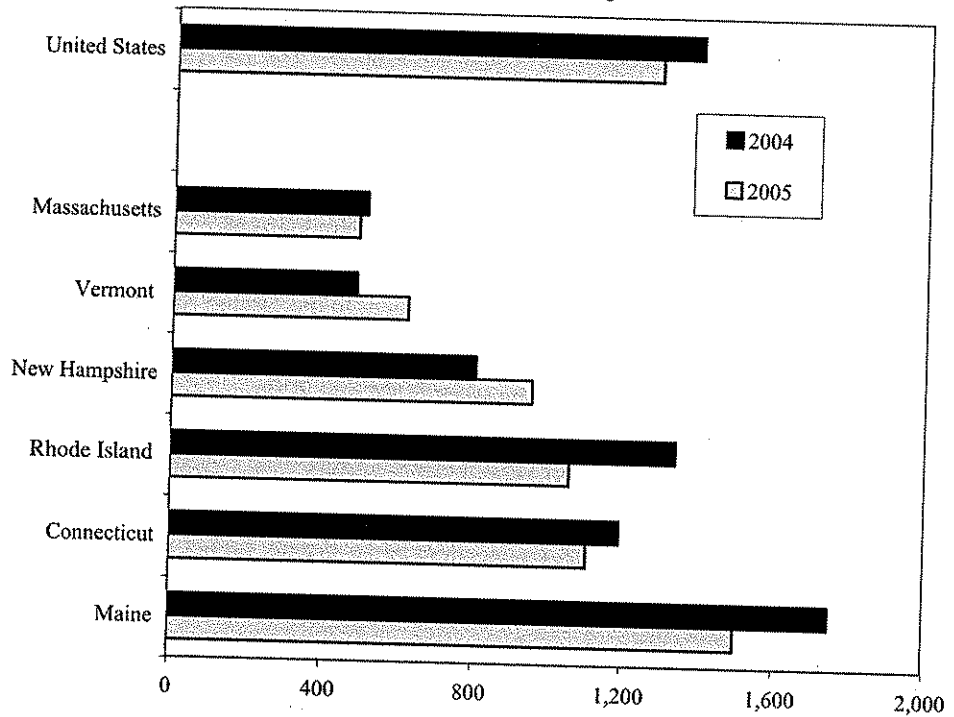
Arrest Rates—Violent Crime— New England States

Arrests per 100,000, ages 10-17, 2004 through 2005



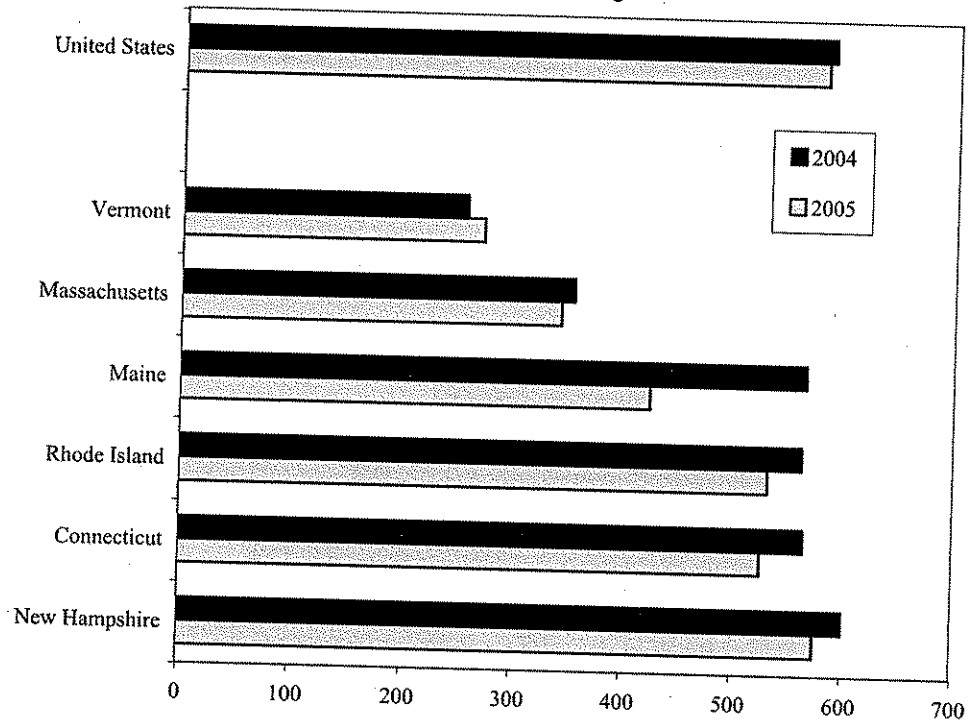
Arrest Rates—Property Crime— New England States

Arrests per 100,000, ages 10-17, 2004 through 2005



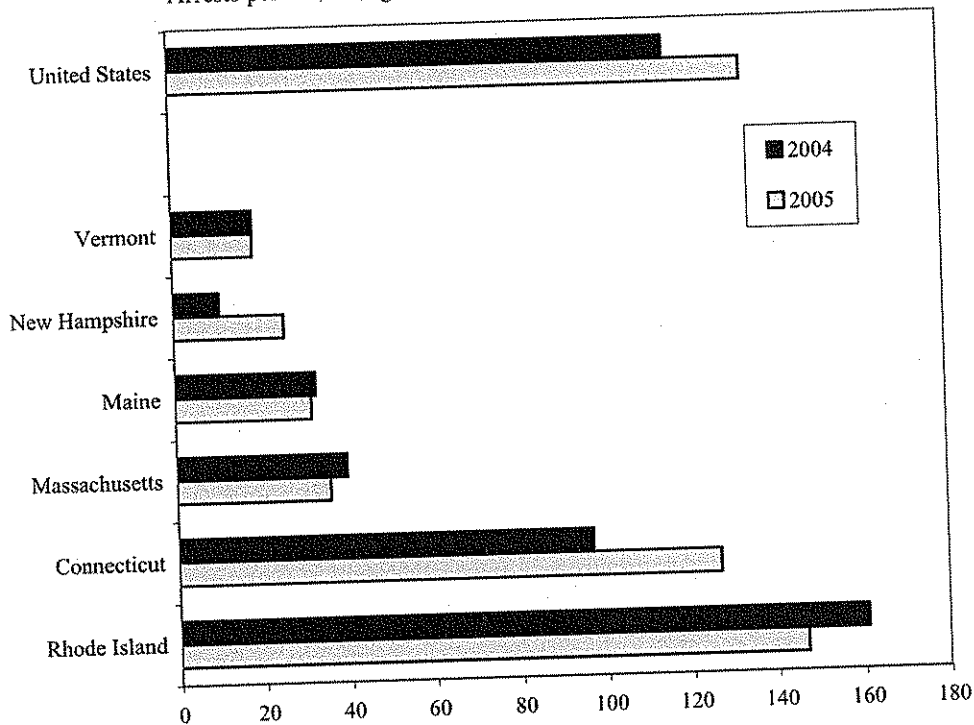
Arrest Rates—Drug Violations— New England States

Arrests per 100,000, ages 10-17, 2004 through 2005



Arrest Rates-Weapons Charges- New England States

Arrests per 100,000, ages 10-17, 2004 through 2005



In contrast to violent crime arrest rates, property crime arrest rates in the United States declined between 2004 and 2005. A similar trend is apparent in Rhode Island, Connecticut and Maine. By 2005, the rate of arrest for property crime among 10 to 17-year-olds was second only to that of Maine among all the New England states but remained below the national average.

In terms of drug violation arrests, the period between 2004 and 2005 saw a slight decrease in overall U.S. arrests. Only Vermont experienced an increase during this period. Despite a decline, Connecticut still had the third highest drug arrest rate of all New England states, behind New Hampshire and Rhode Island, although this rate was below the national average.

Finally, weapons charge arrests among 10 to 17-year-olds increased between 2004 and 2005 in the United States. A similar trend was seen in New Hampshire and Connecticut. The 2005 arrest rate for weapons charges in Connecticut was second to that of Rhode Island out of all New England states but below the national average.

YOUNG PEOPLE AND THE LAW

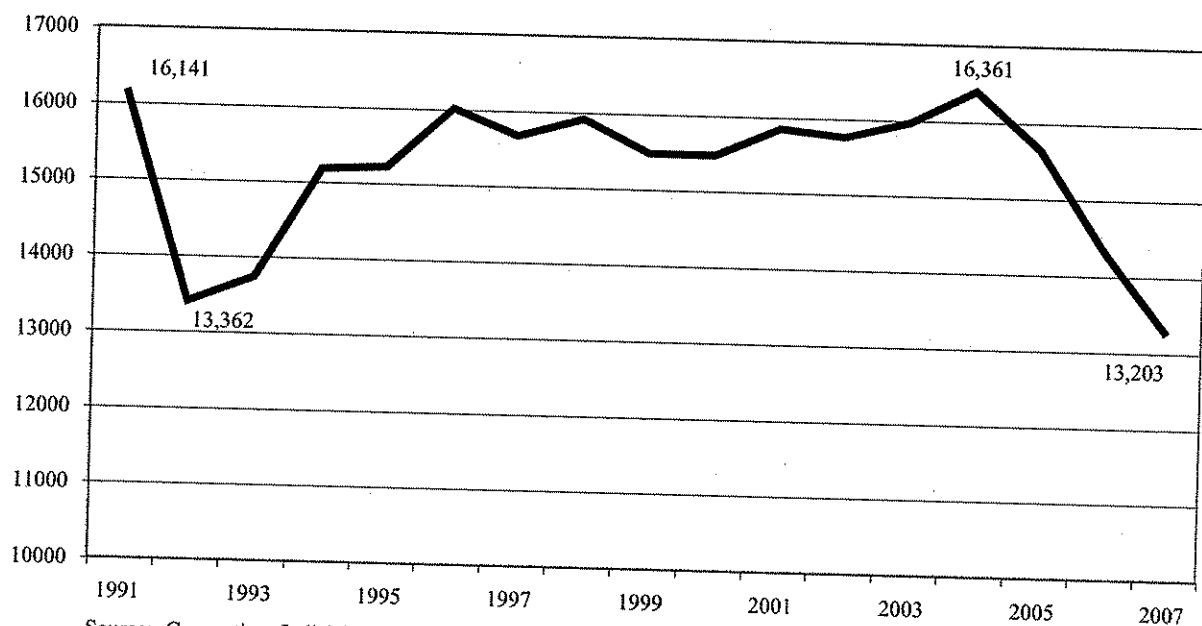
Juvenile Court Referrals – Delinquency Cases

Young people in Connecticut can enter the juvenile justice system through two main routes. The majority of them are referred to court because they have been arrested. A smaller proportion is referred to the courts by schools, parents, or other adults for what are called status offenses. These are lesser infractions that, by definition, can only be committed by juveniles and include things like truancy or running away (status offenders will be addressed in the last section).

Youths under the age of 16 who are referred to the court by police are processed by the juvenile court system. Connecticut is one of only three states in the United States to set the maximum age for delinquency status at 15, rather than 16 or 17 (New York and North Carolina are the other states). This is set to change in 2010 when the maximum age in Connecticut will be raised to 17 (i.e. all young people under the age of 18). Thus, as of 2007, delinquents can be defined as children under the age of 16 who are convicted of violating or attempting to violate a federal or state law, an order of the Superior Court, or a local or municipal ordinance.

Number of Delinquency Referrals

Number of delinquency referrals, children under age 16

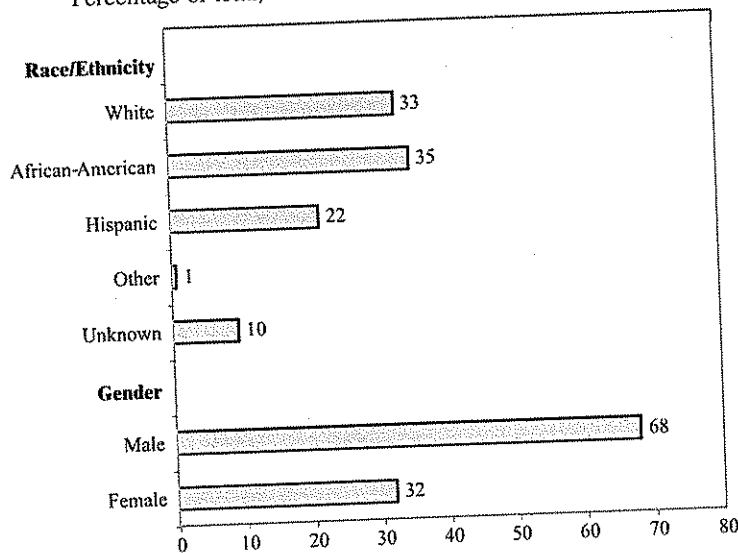


Delinquency referrals fluctuated, remaining fairly constant between 15,000 and 16,000 cases per year between 1991 and 2002. A notable decline began in 2005, after peaking in 2004 at 16,361. In 2007, 13,203 delinquency referrals occurred in Connecticut juvenile courts.

By race/ethnicity, in 2007, 33 percent of referred children were White, 35 percent were African-American, and 22 percent were Hispanic. Roughly one percent were of other race/ethnicity (American Indian or Asian/Pacific Islander) and 10 percent of referrals did not report a race/ethnic status. Although minority youth make up roughly 30 percent of the 10 to 14 year-old population in Connecticut, they constitute 57 percent of those referred to the court for delinquency. Minority overrepresentation in the juvenile justice system is a cause of concern and is one area for policy makers and citizens to focus on in the future. In terms of gender, boys represent just over half of the youth population in Connecticut but comprise more than two-thirds of delinquency referrals.

Delinquency Cases by Race/Ethnicity and Gender

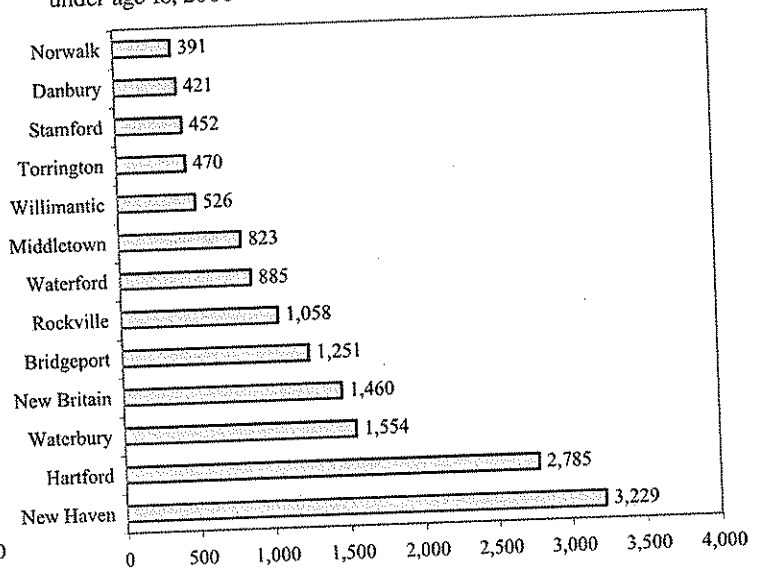
Percentage of total, children under age 16, 2007



Source: Connecticut Judicial Branch

Delinquency Cases by District

Number of delinquency referrals, children under age 16, 2006



Source: Connecticut Judicial Branch

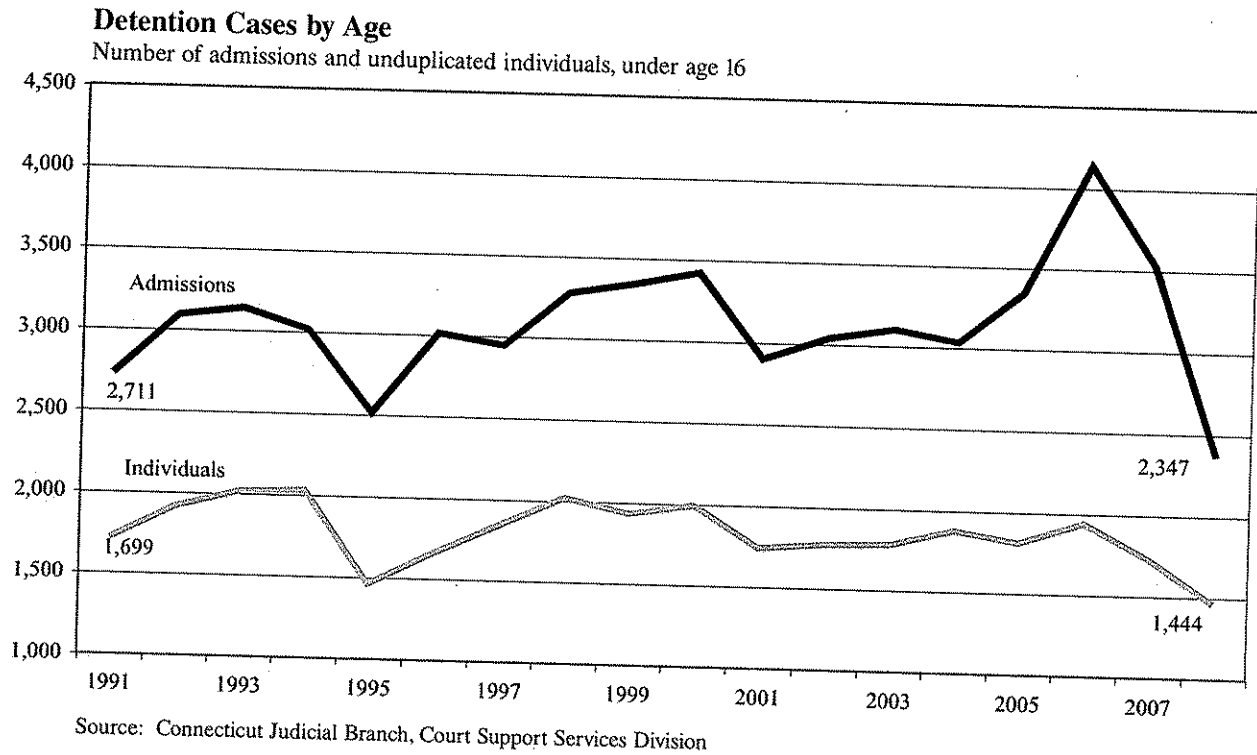
For court matters relating to juveniles, the state is divided into 13 districts. Most cover 10 to 12 towns, and include specific localities, although some of the more rural areas include more than 20. The Torrington district, for example, consists of 25 towns and covers most of northwestern Connecticut. New Haven includes 14 towns surrounding the city as well as the city itself. In the period between June 30, 2005 and July 1, 2006, New Haven, Hartford, Waterbury, and New Britain had the highest number of delinquency referrals, while Norwalk, Danbury, Stamford, and Torrington reported the fewest.

YOUNG PEOPLE AND THE LAW

Young People in Detention

Once a youth has been referred to the court for a delinquency charge, he or she may sometimes be placed in temporary detention. Detention can result if a youth commits a serious crime but has no home or close relative to whom the court can release custody, especially if it is thought that the youth will run away or commit another offense. A youth may also enter detention if the home environment is not deemed safe or to ensure appearance in court. Under Connecticut law, youths may also be detained if they have violated the conditions set by the court and there are concerns about sending them home while their case is being processed. Status offenders (FWSN), however, cannot be held in detention as a result of a court order violation.

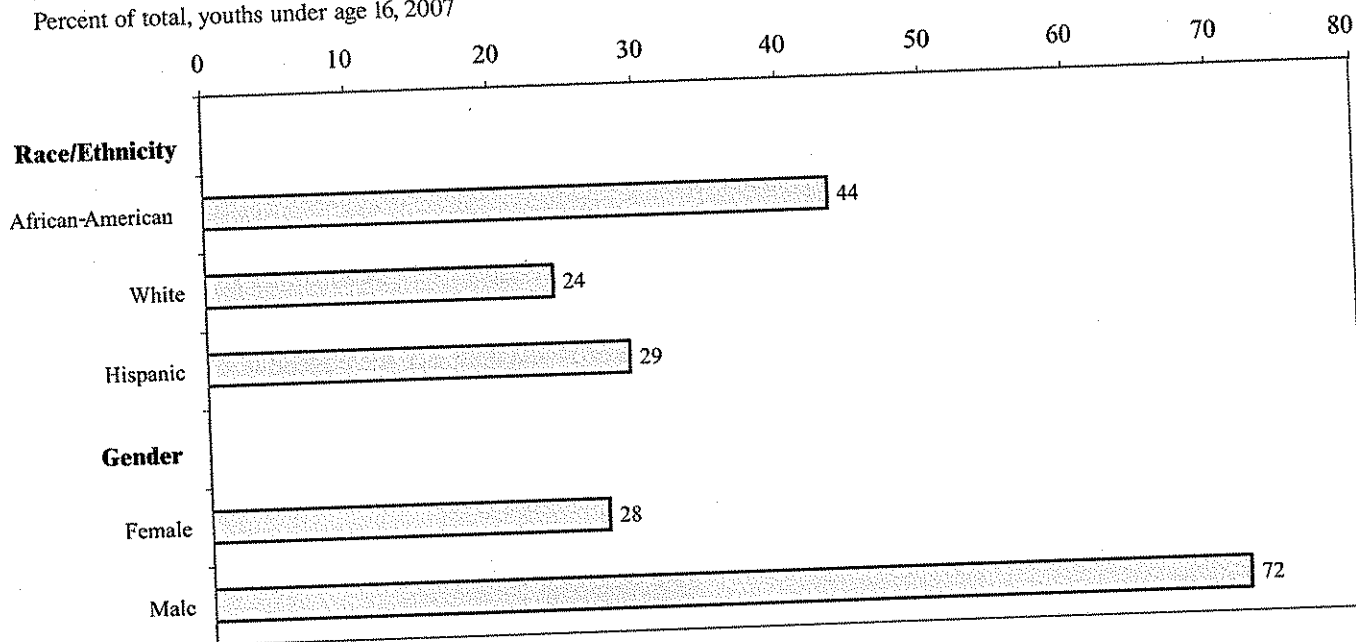
Connecticut has three state-run detention centers and they house the majority of youths sent to detention. During the 2007-2008 fiscal year, 1,444 individual children under the age of 16 were sent to these detention centers. In contrast, the total admissions for this age-group were much higher, standing at 2,347. This occurs because youths can be detained more than once during the year for a new charge or if they violate the conditions of release. Both the number of youths detained, as well as the total number of



admissions, showed dramatic decreases from 2006 (3,516 and 1,710, respectively) attesting to the system's goal to keep youth at home and with families, versus continued involvement with the formal justice system.

Admissions Referrals by Race/Ethnicity and Gender

Percent of total, youths under age 16, 2007



The three state-run detention centers for juveniles are located in Bridgeport, Hartford, and New Haven. In 2007-2008, 245 unique children spent time in the Bridgeport facility, 718 in Hartford, and 576 in New Haven. The average length of stay at these three centers was two weeks and remained unchanged since 2006.

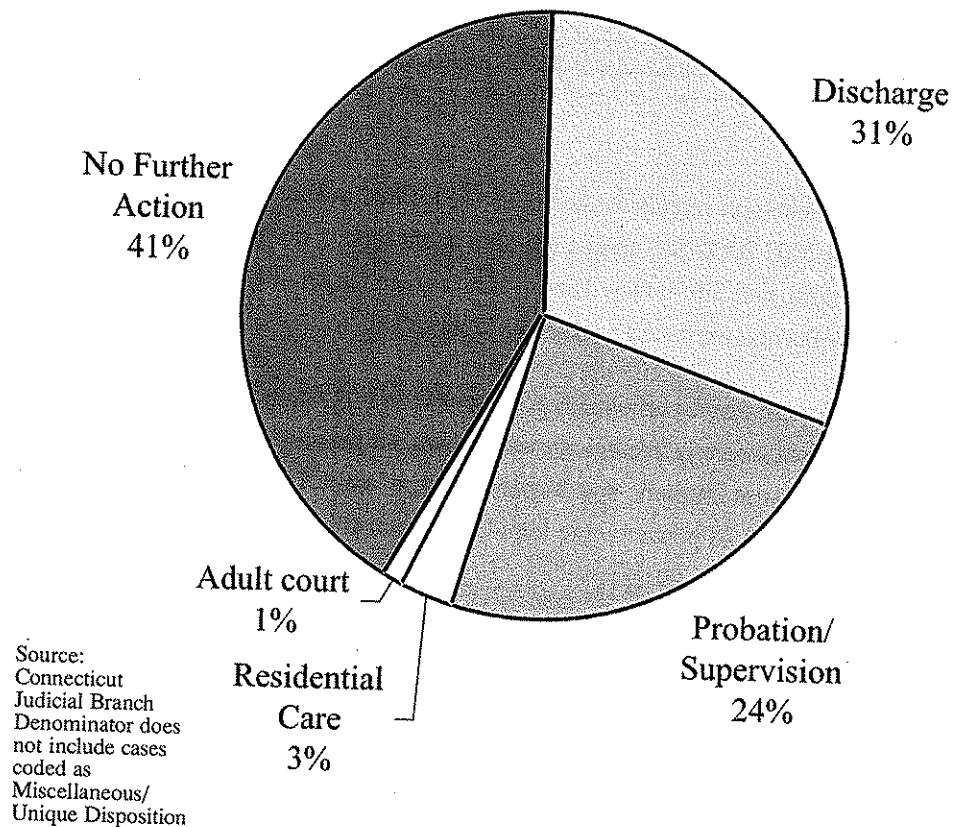
Minorities and males are disproportionately represented among detention admissions. In 2007-2008, of the cases where race/ethnicity was known, 44 percent were African-American, 29 percent were Hispanic and 24 percent were White. In terms of gender, 72 percent were male and 28 percent were female. These distributions have not changed substantially since 1991.

YOUNG PEOPLE AND THE LAW

Juvenile Court Outcomes

Depending on the severity of a crime and history of involvement with the justice system, youths referred to the court in Connecticut may be assessed by a probation officer, then go before a judge. After this process has been completed most youths are sent home, either with no further court involvement required or with some conditions. Other youths, if further supervision is warranted, are assigned to a period of supervision under the court's Probation Department. A small percentage of children and youths are committed to the Department of Children and Families for placement in one of several forms of residential care. Those who commit the most serious crimes may be transferred to an adult court if they are over the age of 14 and thus, face the possibility of

Delinquency Referrals – Court Outcomes
Percent of total, under age 16, 2007



incarceration in adult prison (discussed in the next section). At present, the most secure form of residential care for male youths is placement at the Connecticut Juvenile Training School (CJTS). Opened in August 2001, it replaced the previous Long Lane School. The original correctional facility, Long Lane Farm (later Long Lane School), became a juvenile detention center for boys in the early 1920s. In February 2007 there were 95 boys at the Connecticut Juvenile Training School. Full capacity is 140 youths and over the past few years, the average daily census has been roughly 100 to 110 youths. CJTS was slated to close in 2008 and be replaced by three or four smaller regional treatment and reintegration centers (TREC's) located around the state, each holding 25 to 30 young people. No bonding bill was authorized. In 2008, the governor of Connecticut announced that the CJTS would remain open to make room for the youths ages 16 and 17 affected by the change in the juvenile court's age of jurisdiction in 2010.

During the calendar year 2006, CJTS accepted 215 admissions, of which 185 were unique individuals. For the 2006 fiscal year, the average daily census was 108 male youths. The average age was 15 years, 11 months. More than three quarters of these boys were of minority status. The majority committed a felony and of those, 42 percent were considered serious juvenile offenders (SJO). The average stay in CJTS was 170 days. Statistics for 2007 revealed few changes. Admission totaled 189, of which 168 were unique individuals. For the 2007 fiscal year, the average daily census was 103 youths. Average age was 15 years, 9 months. Again, most boys were of minority status. One noticeable difference was that only 30 percent committed a felony but of those 47 percent were considered SJO. Length of the average stay increased to 5.7 months. Of boys admitted in 2007, more than eighty percent came from single-parent, female-headed households.

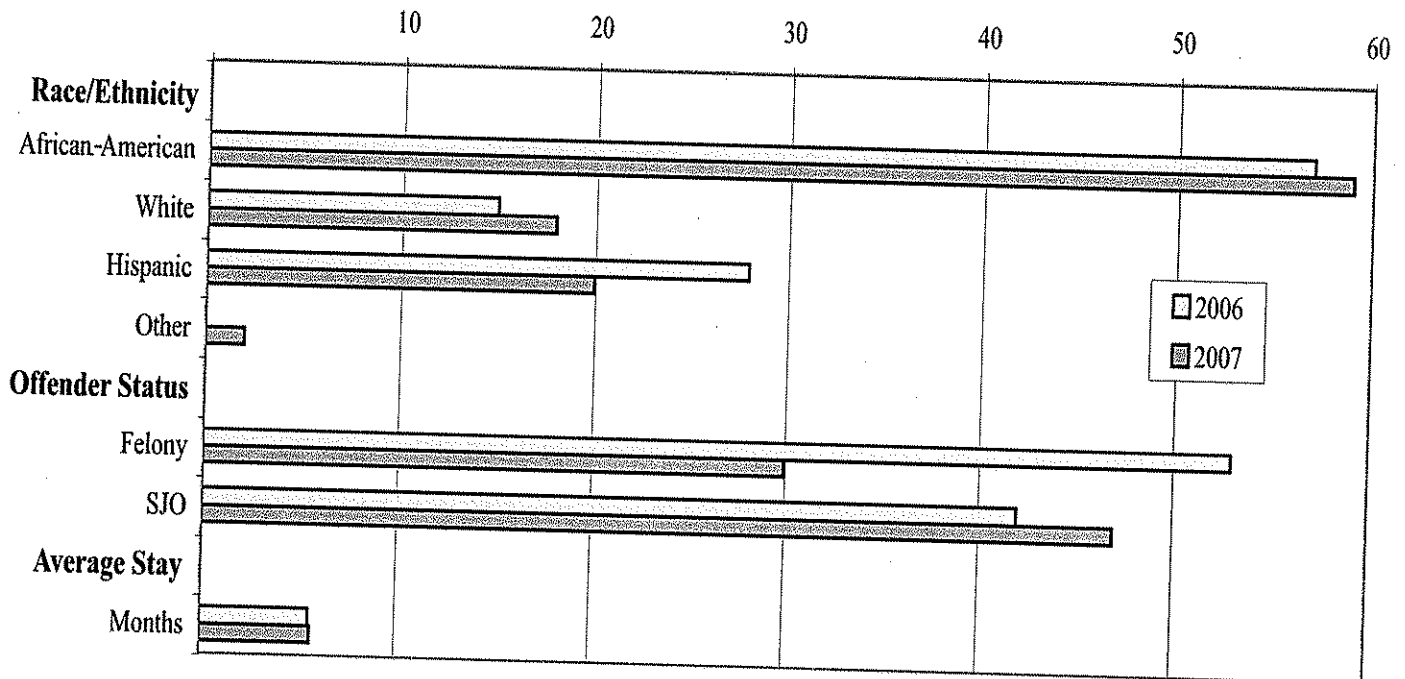
The characteristics of the population at CJTS are notable in many respects. Many of the admitted boys suffer from some type of psychiatric problem and frequently diagnoses overlap. At the time of intake boys are diagnosed by CJTS clinicians using both past and present symptoms as well as psychological testing. Treatment plans are based on the diagnoses. Of all admissions in calendar year 2006, 71 percent suffered from conduct disorder, 60 percent from cannabis (marijuana) abuse/dependence, 40 percent experienced some type of parent-child relationship problem and 28 percent were diagnosed with attention deficit/hyperactivity disorder (ADHD). For those boys diagnosed with a drug problem (63 percent of all admissions), the most common type of abused substance was cannabis, followed by alcohol. Comparable figures for 2007 reveal that 71 percent

received a diagnosis of conduct disorder, 43 percent of cannabis abuse/dependence, 37 percent relationship problems, and 34 percent ADHD. Of the 55 percent of boys diagnosed with some form of substance abuse problem, cannabis and alcohol were again the most commonly used substances.

In addition to addiction issues, the boys at CJTS have a number of difficulties with educational experiences. In 2006, more than half required special education programs. And in 2007, on average, students tested four grades below grade level. Because of these difficulties, CJTS has a number of programs aimed at helping students achieve higher academic standards.

Secure Residential Care

Characteristics of boys at the Connecticut Juvenile Training School, 2006 and 2007



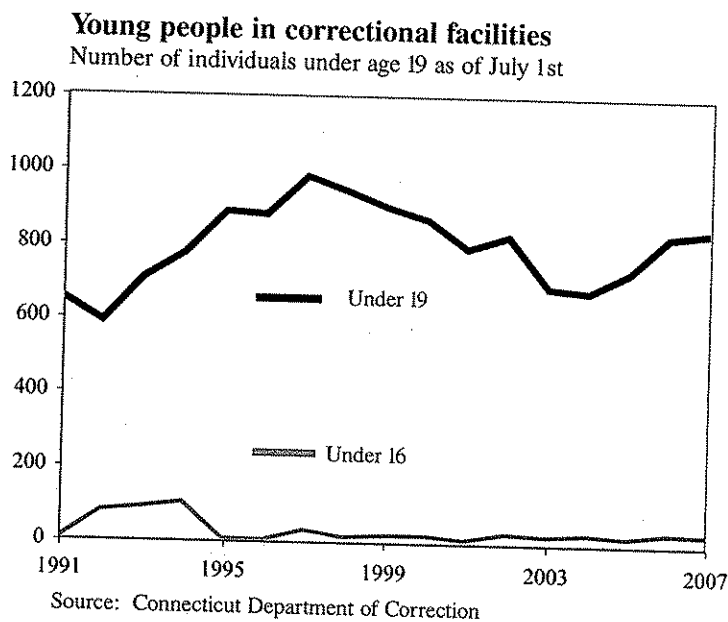
One goal of educational and vocational programs is to prevent youths from returning to juvenile, and adult, justice systems. Some youth do return, either as a consequence of parole violation or from new legal charges. The recidivism rate, defined as the percentage of discharged boys who returned to CJTS, in 2006 was 29 percent, representing a decrease from 31 percent in 2005 and 34 percent in 2004. Recidivism rates rose in calendar year 2007 to 32 percent.

YOUNG PEOPLE AND THE LAW

Young People in Correctional Facilities

In the state of Connecticut, children ages 14 and 15 who are charged with the most serious crimes, as well as youths aged 16 and 17 charged with criminal offenses, are treated as adults in the court system. If convicted and sentenced to serve time in a correctional facility they enter the adult prison system. Boys are sent to the Manson Youth Institution, girls are sent to York Correctional Institution.

The number of young people under the age of 19 in Connecticut's correctional facilities grew during the 1990s, peaked in 1997 at 977, and then declined through 2004. Since 2004, the number of incarcerated young people has grown from 673 in 2004, to 728 in 2005, to 824 in 2006, and to 838 in 2007. It is also possible to examine incarceration trends among Connecticut's youngest offenders, those under age 16. These youths represent a minority of those incarcerated and numbers of this population range from a low of two in 1991 and 1996 to a high of 100 in 1994. Between 2005 and 2006 the number of youths under age 16 who were held in correctional facilities rose from 19 to 30, but declined to 27 in 2007.



The majority of youths in the Connecticut correctional system are male. In 2007, females accounted for under six percent of the offenders under the age of 19 housed in correctional facilities. In terms of race/ethnicity, more than half of these offenders were African-American, 32 percent were Hispanic, and 17 percent were White.

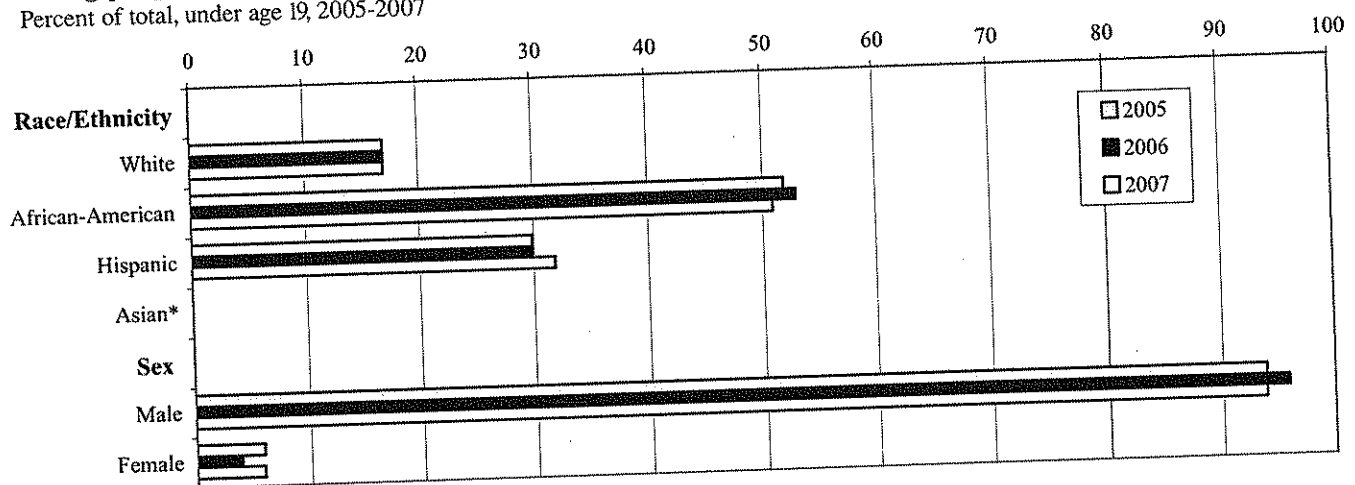
In 2007, three percent of Connecticut's young people in correctional facilities were under the age of 16. An additional 15 percent had reached the age of 16. Youth ages 17 (35 percent) and 18 (47 percent) accounted for the largest share of the correctional facility

population under age 19. Since 2005, the proportion of older offenders has remained relatively stable. However, because ongoing justice system reforms affect these older offenders, trends in these age groups should be carefully monitored.

An additional concern is how these youths fare in the education system. In 2007, 85 percent of incarcerated youths were at least one grade level below their age-expected status. Whether these youths were lagging behind before their involvement with the juvenile justice system, or whether this lag occurred as a result of their involvement, this figure is certainly a cause for concern because education is a powerful predictor of later life chances and overall well-being.

Young people in correctional facilities by race/ethnicity and gender

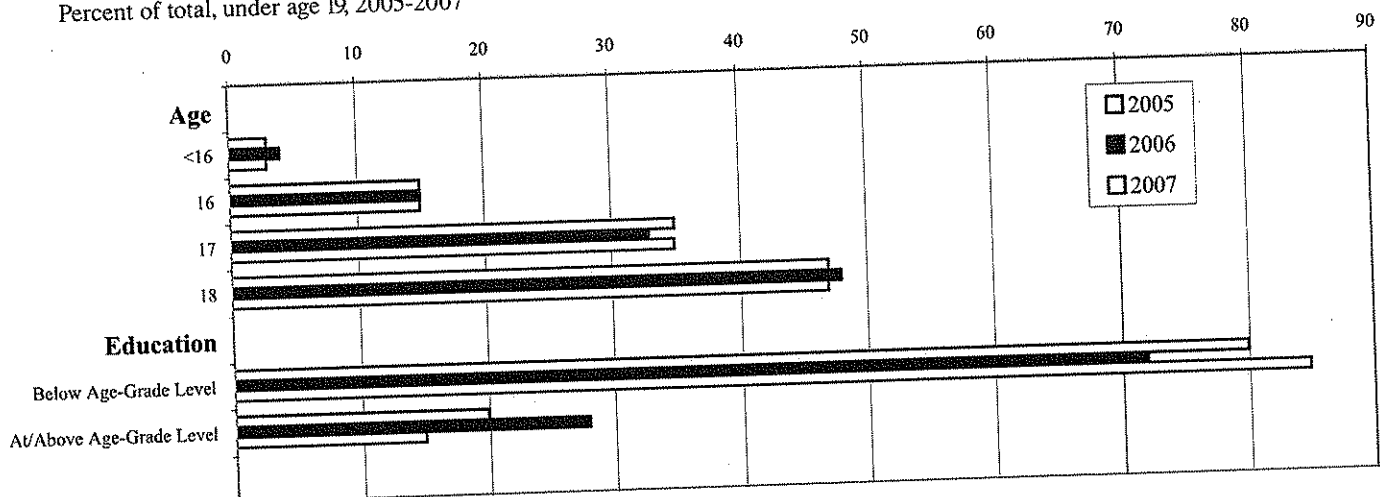
Percent of total, under age 19, 2005-2007



Source: Connecticut Department of Correction *Less than 1 percent

Young people in correctional facilities by age and education

Percent of total, under age 19, 2005-2007



Source: Connecticut Department of Correction

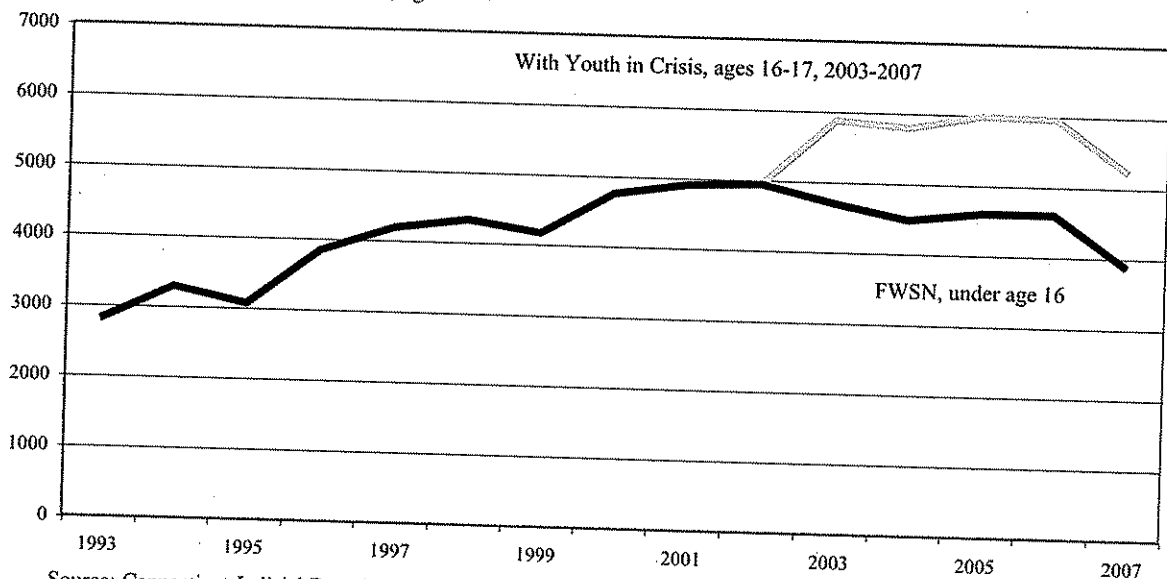
YOUNG PEOPLE AND THE LAW

Juvenile Court Referrals – Status Offenses

In addition to referrals to juvenile court charges for delinquency, youths in Connecticut may also be referred for status offenses. These are defined as offenses that would not be considered crimes if they were committed by adults. Included in this list of offenses is running away from home, being truant from school, defying school rules, and being

Status Offense Referrals

1993-2007, Families with Service Needs, under age 16
2003-2007, with Youth in Crisis, ages 16-17



Source: Connecticut Judicial Branch

deemed “beyond control of parent, parents, guardian or other custodian.” Acting out sexually may also be considered a status offense if the person who is referred is under the age of 16.

In Connecticut, cases involving children under the age of 16 who have been charged with status offenses are classified as “Families with Service Needs” (FWSN) and are sent to the juvenile court for evaluation and disposition. In recent years, the status offense category has been broadened to include 16 and 17 year-olds, covered by the Youth in

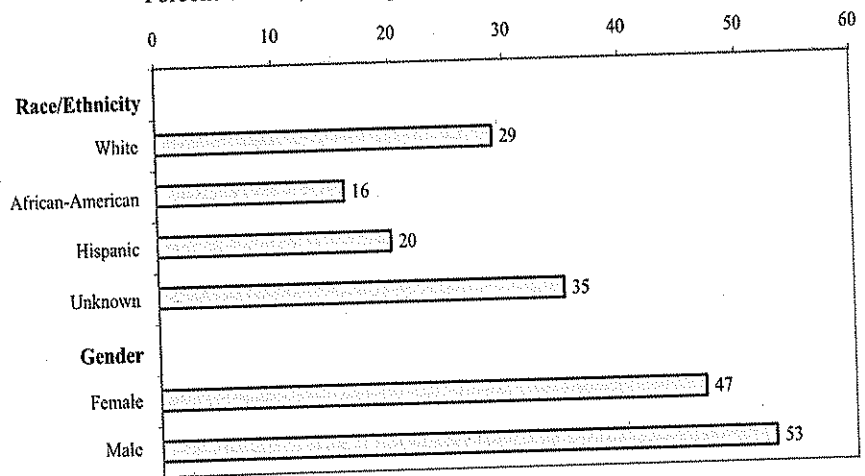
Crisis Law. In 2007, Youth in Crisis cases made up approximately one-quarter of offense referrals.

As of October 1, 2007, status offenders could not be housed in detention as a result of a court order violation. Connecticut rolled out an overhauled system for dealing with FWSN youth that modified every process from referral through possible placement in a short-term residential facility or commitment to the Department of Children and Families. The reformed system better reflects the original goal for the FWSN system, serving the needs of the entire family and not simply punishing the child for reacting to family challenges.

One recent important development in the Connecticut juvenile justice system is the establishment of Family Support Centers (FSC). The motivation behind FSC is to prevent youth who are FWSN from further court involvement. As such, FSC are designed to be an immediate, "one-stop" treatment facility where both youths and their families can receive the services they need. The end result is a family-specific plan of action, frequently utilizing other community-based services. As of June 30, 2008, four such centers existed in Waterbury, Hartford, Bridgeport and New Haven. An additional six FSC are slated to open by June 30, 2009.

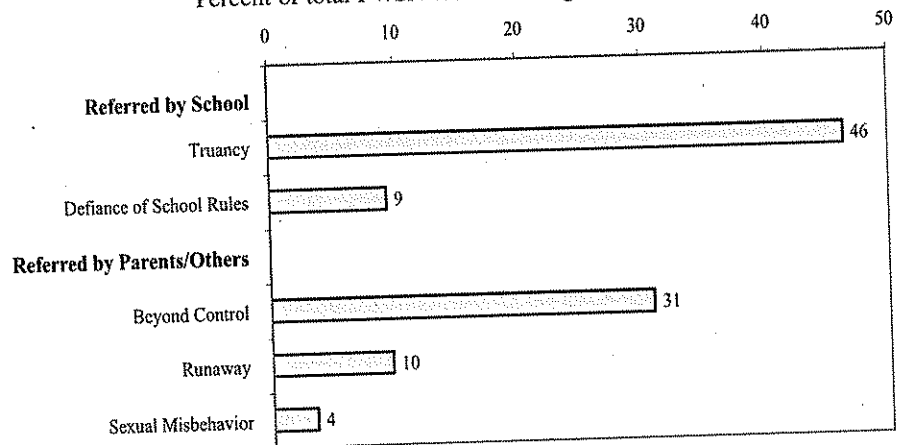
The number of young people referred to the courts for status offenses has risen since 1993, especially over the past decade. The low occurred in 1993 at 2,763 cases involving children under the age of 16. That number peaked in 2002, at 4,907. Beginning in 2003, Youth in Crisis cases are also included in the figures for status offense referrals, therefore the overall total increased. Status offense referrals continued to increase through 2005, then declined in the two subsequent years. In 2007, a total of 5,173 juvenile status offense cases were referred to juvenile court.

Status Offense referrals by race/ethnicity and gender
Percent of total, under age 16, 2007



Source: Connecticut Judicial Branch

Status Offense referrals by type of infraction
Percent of total FWSN cases under age 16, 2007

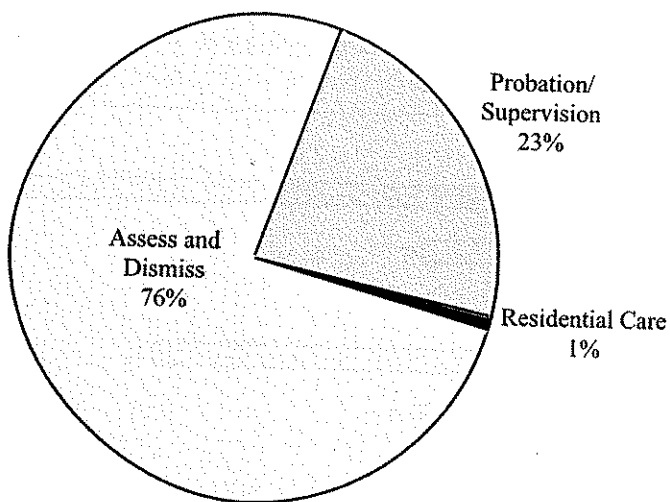


In terms of gender, the distribution is more balanced for status offense referrals than for delinquency referrals. The proportion of males to females among youth referred for status offenses in 2007 was 53 percent male versus 47 percent female, which almost mirrors the gender distribution of the overall population of juveniles in Connecticut (roughly 51 percent male and 49 percent female). Given the large percentage of unreported race/ethnic status for status offense referrals it is less clear whether this distribution mirrors that of delinquency referrals.

As mentioned, referrals to juvenile court for status offenses can be made by many sources. Most of these are made by schools and parents. Additional sources of referrals include foster parents, the police, the Connecticut Department of Children and Families, child care agencies, youth service bureaus, probation officers, selectmen, town managers, and lawyers.

Status Offense Referrals— Court Outcomes

Percent of total, under age 16, 2007



Source: Connecticut
Judicial Branch
Denominator does not
include cases coded as
Miscellaneous/Unique
Disposition

Slightly more than half of all status offense referrals for youths under the age of 16 relate to school violations. The most frequent infraction is truancy, accounting for 46 percent of the total. Another major category of status offenses is "beyond control," accounting for an additional 31 percent of the total. This offense is sometimes known as "incorrigibility" and is typically a referral made by parents. Additional referral types include running away (10 percent), defiance of school rules (9 percent), and sexual misbehavior (4 percent).

Finally, for youths who enter the juvenile justice system because of a status offense referral, most cases are assessed and dismissed (76 percent).

A small proportion are given a probationary or supervision sentence (23 percent) and one percent are moved into residential care.

YOUNG PEOPLE AND THE LAW

Summing Up

This section has focused on young people involved with the juvenile and criminal justice system in the state of Connecticut. Important to the meaningful use of any Connecticut data concerning youth and the law is understanding key reforms underway in the state. The first involves the jurisdictional age, which ends in Connecticut at 15. Youths 16 or older charged with a crime go to the adult system. As the result of a 2007 law, the age of juvenile jurisdiction will rise to 18 as of January 1, 2010. All but the most serious and violent offenders under the age of 18 will be in the juvenile justice system.

The second reform includes status offenders, or Family with Service Needs (FWSN) offenders. Beginning in October 2007, FWSN offenders could no longer be kept in detention as a result of a court order violation. The reformed system better reflects the original goal for the FWSN system—serving the needs of the entire family and not simply punishing the child for reacting to family challenges.

The progressive changes in laws that affect both status offenders and delinquent youth reflect Connecticut's commitment to treat young people in developmentally appropriate ways. The system is transitioning into one which holds youth accountable while addressing the underlying causes for their inappropriate behavior, thereby increasing the chances that the youth will be successful and avoid long-term system-involvement. It also reflects an understanding of the need to address the challenges of youth within the context of his or her family and community.

The overall rates of arrests of Connecticut youth under the age of 16 and 18 declined sharply through the 1990s, leveling off at the beginning of the new decade and remaining fairly steady, despite the continuing rise in Connecticut's youth population. Violent crime represents a very small proportion of the offenses for which youths in Connecticut are arrested, just six percent of the total. Arrests reached a 12 year low in 2003 at 475, were slightly up in 2004 at 695, and decreased again in 2005 to 672 arrests. The crimes that children and youths under the age of 16 were most likely to be arrested for included simple assault, disorderly conduct, miscellaneous offenses, and larceny-theft. When all youths under age 18 are included, these same four crimes are among those that youths are most likely to be arrested for committing.

The state has also seen a decrease in the number of youths referred to court for both

delinquency and FWSN offenses, primarily since 2004. Recent data shows that detention admissions have also been declining. These reductions exemplify the state's work to prevent youth from entering and progressing into the system inappropriately.

While this would be commendable at any time, it is especially important as the state prepares for the extra cadre of youth who will be eligible for the juvenile justice system (both delinquents and FWSN youth) when the jurisdictional age changes in 2010. Connecticut juvenile justice officials, parents, schools, legislators and community members must continue to be aware that juvenile justice involvement does not occur in a vacuum and work to address mental health and substance abuse problems, poverty, family stress and educational deficiencies at their source, before the youth and family become justice-involved.

Despite some positive trends in juvenile justice, one aspect of the system remains problematic. African-American and Hispanic youths outnumber their White peers in both secure residential care and correctional facilities. This disparity can be traced all the way back to delinquency cases and admissions referrals, where minority overrepresentation is also apparent. The reasons for such disparity likely do not rest solely within the jurisdiction of the Connecticut juvenile justice system. Poverty, lack of employment and educational opportunities, family instability, drug and alcohol use, and gang activity are all possible contributing factors to minority overrepresentation. These issues are large and complex and require a multi-faceted approach if they are to be resolved.

With major changes in the way juveniles are defined by Connecticut state law already beginning to occur, legislators and policymakers can track the trends that occur among young people and the law and utilize the information to continue to make Connecticut a safer, healthier place for all of its citizens.

Part VI

Conclusion

The optimal conclusion from a report such as *The Social State of Connecticut* would be uniform gains in all areas of social health in the state. While many areas have improved, some have declined. Thus, overall, this report presents mixed results. Several key indicators reached, or matched, their best performance on record—teenage births and high school dropouts. Rates for infant mortality and average weekly wages were near their best performances on record. The end result was that the single indicator for the state of social health in Connecticut reached its highest level in the 37-year coverage of this report.

Despite overall improvements between 2004 and 2006, several indicators have consistently shown poor performance. Unemployment continues to rise, housing is less and less affordable, and income variation, the gap between the rich and the poor, is as large as it has been in more than 30 years. Crime and arrest rates are down, and violent crime, although up slightly over the past five years, remains a small percentage of all youth arrests. Overrepresentation of minority youth in almost every aspect of the juvenile justice system is a persistent, systemic issue.

Much fluctuation is apparent in Connecticut's Index of Social Health since 1970. Notable improvements have occurred, especially since 1990, and the most recent score in 2006 is at its best level since 1970. Yet because disparities still exist among race/ethnic groups, between males and females, between rich and poor, and by geographic area, the challenge to citizens and policy makers is to eradicate these inequalities. Thus, it is imperative that these trends continue to be tracked, so that areas where improvement has not occurred, or has been slow to occur, can be highlighted and become the focus of policy. Ultimately this is the goal of the Index of Social Health—to improve the quality of life of the citizens of the State of Connecticut.

Appendix A

The Connecticut and U.S.
Indices of Social Health 1970 –
2006, in more precise terms:

Index values may vary slightly from previous versions of The Social State of Connecticut due to the availability of more recent updates of data sources and changes in index methodology. For a technical description of the methodology of the Index see Appendix B.

* Index is based on estimates of teen suicide because final data from the National Center for Health Statistics was not available at press time.

Year	Connecticut	United States
1970	38.2	68.5
1971	37.7	65.8
1972	44.3	67.7
1973	41.2	69.5
1974	34.1	65.1
1975	28.0	55.2
1976	30.6	57.1
1977	39.0	57.4
1978	32.2	62.4
1979	34.5	62.4
1980	33.2	60.0
1981	33.8	60.8
1982	36.7	60.4
1983	29.1	62.3
1984	29.5	65.9
1985	27.8	67.3
1986	30.3	67.6
1987	38.4	71.8
1988	33.8	71.7
1989	29.1	71.1
1990	32.8	73.4
1991	34.5	70.2
1992	34.2	69.8
1993	32.1	70.6
1994	30.2	73.6
1995	34.7	75.8
1996	33.9	79.8
1997	32.5	82.0
1998	37.4	83.0
1999	48.7	87.7
2000	52.8	89.2
2001	49.2	87.5
2002	52.6	85.4
2003	55.1	85.6
2004	50.9	84.9
2005	54.9	86.0
2006	57.5	87.5 ^a

Appendix B

Method of Index Construction

In its broadest sense, an index number is a measure of the magnitude of a variable at one point (say, a specific year that is termed the *current year*) relative to its value at another point (called the *reference* or *base year*). In the present case, the variable to be compared over time is the overall social health, or well-being, of citizens living in the state of Connecticut — defined in terms of *averages of social conditions encountered by children, youths, and adults*.

Over any given historical period, some indicators of social health likely will have risen and some will have fallen. The problem that arises is how to combine the relative changes in these indicators into a single number that can meaningfully be interpreted as a measure of the relative change in a fairly comprehensive selection of social conditions encountered by Connecticut's citizens.

A key point is that in any given year no single individual encounters all of the social conditions that enter into the overall Index of Social Health. Fluctuations over time in the Index can be taken, however, as signaling changes in the overall context of social conditions encountered by children, youths, and adults. And many policy makers, officials, adults, and parents (and some children and youths as well) are interested in how the general level of social conditions faced by Connecticut citizens in a recent year compares to the corresponding level in a previous year, or in this case, the best year on record.

We therefore have applied index formulas of the following type:

$$\text{Connecticut Index of Social Health in Year } t = (1/N) \sum_i \{ 100 - [(R_{it} - R_{ir}) / R_{ir}] \times 100 \}$$

where N denotes the number of basic indicators on which the index is based (here, 11), R_{it} denotes the i^{th} well-being indicator rate in the year $t > r$, R_{ir} denotes the i^{th} rate in the *reference* or *base year* r (here, the best year on record), R_{it} and R_{ir} are called *rate relatives*, and the summation is taken over N indicator rates.

Each change rate ratio in the equation, that is, $R_{it} - R_{ir} / R_{ir}$, is multiplied by 100 in order to measure the percentage change in the rate from the base, or best, year value. After subtracting this product from 100, the best year receives a score of 100. Values of the change ratios in years other than the base year, then, either are equal to or lesser than 100, indicating no change or a deterioration in the time series relative to its base, or best, year value. For ease of interpretation, all index values below 0 receive a score of zero. As such, index values of zero may indicate that a particular indicator is at its worst, or *very near worst*, value on record. The single index value for any given year represents an equally-weighted average of all the available well-being indicators for that year.

Sources:

Part III: A Closer Look: A Social Profile of Connecticut

Infant Mortality: Deaths in the first year of life per 1,000 live births

Infant mortality rates: Connecticut Department of Public Health, Vital Statistics, Registration Reports. Table 2A, Population, Births, Deaths, Fetal Deaths, and Infant Deaths by Place of Occurrence and Residence and Marriages by Place of Occurrence.

By race: Connecticut Department of Public Health, Vital Statistics, Registration Reports. Table 2B, Resident Births, Deaths, Fetal Deaths, and Infant Deaths by Race and Hispanic Ethnicity for Counties, Health Districts, and Towns. Calculations by Rebecca Casciano.

Low birthweight: Connecticut Department of Public Health, Vital Statistics, Registration Reports. Table 3, Birthweight and Gestational Age by Mother's Race and Hispanic Ethnicity; Infant's Sex; Place of Delivery; Plurality; Birth Order; Mother's Presumptive Marital Status, Education, and Age; Initiation and Adequacy of Prenatal Care; and Smoking and Alcohol Use during Pregnancy.

Early prenatal care: Connecticut Department of Public Health, Vital Statistics, Registration Reports. Table 4, Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy for Counties, Health Districts, and Towns by Mother's Race and Hispanic Ethnicity.

Child Abuse: Reports of abuse per 1,000 children under age 18

Child abuse rates: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment, 2006*. Table 3-1, Dispositions of Children Who Were Subjects of a CPS Investigation.

Types of Abuse: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and

Families, Children's Bureau, *Child Maltreatment, 2006*, Table 3-6, Maltreatment Types of Victims, 2006

Children removed from the home: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment, 2006*. Table 6-4, Children Who Were Removed From Home.

Victims by age, gender and ethnicity: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment, 2006*. Table 3-9, Age Group of Victims; Table 3-8, Sex of Victims; Table 3-11 Race and Ethnicity of Victims.

Fatalities: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment, 2006*. Table 4-1, Child Fatalities.

Preventive Services: U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment, 2006*. Table 6-3, Children Who Received Post investigation Services.

Youth Suicide: Deaths per 100,000 population ages 15-24

Suicide rates: Connecticut Department of Public Health, Vital Statistics, Registration Reports, 2006. Table 1, Estimated Population by Age and Sex and Table 9 Selected Causes of Death by Decedent's Age, Race, Ethnicity, and Sex. National Center for Health Statistics (NCHS), National Vital Statistics System, WISQARS Leading Causes of Death Reports, 1999 - 2005. Calculations by Rebecca Casciano.

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